AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO. | 1. CONTRACT ID CODE | PAGE 1 | OF PAGES 4

2. AMENDMENT/MODIFICATION NO.: 01

3. EFFECTIVE DATE: 06-24-2006

4. REQUISITION/PURCHASE REQ. NO.:

5. PROJECT NO. (If applicable):

6. ISSUED BY — CODE:

Reg. Office of Acquisiton & Assistance
USAID, Department of State
9000, New Delhi Place
Washington, D.C. 20521-9000
Tel:91-11-24198796; Fax:91-11-24198390

7. ADMINISTERED BY (If other than Item 6): Same as block6 — CODE:

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code):

To all Offerors/Bidders

(X) 9A. AMENDMENT OF SOLICITATION NO.: 386-06-007

9B. DATED (SEE ITEM 11): X 04-19-2006

10A. MODIFICATION OF CONTRACT/ORDER NO.:

10B. DATED (SEE ITEM 13):

CODE | FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

__ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers __ is extended, X is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). (such as changes in paying office, appropriation date, etc.)

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor __ is not, __ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purposse of this amendment is to provide additional information and clarifications to questions raised by the interested parties.

Continued -

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
	Marcus A. Johnson, Jr. Regional Contracting Officer
15B. CONTRACTOR/OFFEROR _____ (Signature of person authorized to sign) — 15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY _____ (Signature of Contracting Officer) — 16C. DATE SIGNED

USAID India reviewed the various comments and questions received on the National Integrated Health Program Draft RFA. A consolidated response is presented below

Programmatic Design and Technical Considerations:

1. There were questions regarding the relative emphasis of the program. Should the focus be on service delivery or on system strengthening. What is the role of the implementing agency with respect to the service delivery aspect of the health problem. Does USAID expect the implementing partner will assume a large advocacy role with the National Rural Health Mission (NRHM) and the Government of India?

   USAID's reply: The NIHP will engage in strengthening health systems and service delivery. Currently, there are many opportunities to take programs to scale in India through public -private partnerships. There are increased resources for social programs through the National Rural Health Mission. Other donors are also increasing their resources for the Northern Indian States. Synergies with their initiatives are possible. Finally, the Government of India is very open to implementing and scaling-up successful models if there is solid evidence that shows impact at scale and that the programs are cost effective.

2. There were questions regarding what USAID will fund through the NIHP?

   USAID does not plan to fund paying stipends or purchasing medicines or equipment. The implementer is expected to devise a short and long term strategy and solutions to deal with government service provision issues.

3. Comments about the Intermediate Results (IR), Sub-IRs, performance indicators and targets of NIHP:

   The IRs, sub IRs, performance indicators, list of interventions and targets are illustrative and will be finalized by USAID while developing the Program Management Plan of the NIHP with inputs from the implementer.

4. One offerer wanted to know if additional funds would be made available for Malaria Management and HIV/AIDS Prevention if these activities are included later in the program, (e.g. would additional funds be available?).

   No additional funds would be provided. The Mission will fund these activities as a part of the LOP. They will be incorporated as additional activities and adjusted into the accounts.

5. There were several questions about program scale up from demonstration and learning sites in Uttar Pradesh (UP) and Jharkhand to all of the18 National Rural Health Mission states.

   U.P. and Jharkhand are USAID focus states and so demonstration and learning activities will be focused in these two states. With regard to scale-up to the remaining 16 other states, it is envisioned that the implementer would budget and propose a Level Of Effort (LOE) at the National level of some staff etc. who would, in

close conjunction with other national level activities and programs, advocate for inclusion of maternal health, child health and nutrition linked issues in the NRHM policies, programs and resource allocations so as to benefit maternal health, child health and nutrition in the 18 NRHM states, (thus assisting India to achieve the MDGs). There are budgetary allocations for each of these states under the Reproductive and Child Health (RCH)II and NRHM programs by the GOI. NIHP's scale-up and sustainability linked activities will start from the first year onwards, along with the Technical Assistance and Demonstration and Learning activities.

6. There were some comments regarding the plan for collaborating with the implementers of the Title-II phase over and IFPS projects in Uttar Pradesh and Jharkhand for optimizing the impact of NIHP.

   In India the Title II program is expected to be concluded in 2 to 3 years. Phase over refers to the strategy that will be used by USAID India and its Title II partners during this period to phase over Title II resources and interventions to the government and communities. It is expected that the Offerers would effectively use this 2 to 3 years collaboration time frame and propose approaches to take forward the innovations and good practices from these programs.

7. There were questions regarding the proportion of funds, and flexibility on how much to divide to and timing of the Level Of Effort between Technical Assistance and Demonstration and Learning.

   The offerer would need to determine and propose.

8. There were questions on The National Family Health Survey-3 (2005-6) as NIHP baseline: issues of districts selected and inclusion of male's knowledge and intentions. NFHS III has included a questionnaire for male this time. Its results which are state specific could be compared with NIHP extrapolated results. But this will be finalized by USAID in consultation with the implementer while developing the Program management plan.

9. Program to be "cost-effective".

   Some inputs to this would soon be available from the cost evaluation of CARE/RACHNA program.

10. Procurement of contraceptive and other health commodities by NIHP.

    Coordinate with the NRHM supplies or partner with other programs supporting such procurements.

11. There were questions on the type of funds that would be used for NIHP.

For the first year there would be about 75% to 80% of Child Survival, micronutrient and Infectious Diseases find with 20% to 25% Population funds.

12. There were questions on the government of India's policies with regards to antibiotic use by end functionaries in management of neonatal sepsis, Vitamin A supplementation and number of ASHAs selected in U.P. and Jharkhand.

GOI is supporting roll out of IMNCI which includes policy on antibiotic use. Both states support biannual Vitamin A Supplementation of children 9 months to 3 years of age by the ANMs. This is integrated in routine immunization strengthening programs. U.P. has selected about 40% and Jharkhand about 20% of ASHAs. The rest would also be selected by the end of this year.

13. A question on whether NIHP staff should be local or expats and the 30 page limit of the application included figures etc.

This staff will be decided by the implementer. Figures, table are not included in the 30 pages.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		**3. DATE RECEIVED BY STATE**	State Application Identifier
Application ☐ **Construction** ☐ **Non-Construction**	Pre-application ☐ **Construction** ☐ **Non-Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		**Organizational Unit:**	
		Department:	
Organizational DUNS:		Division:	
Address:		**Name and telephone number of persons to be contacted on matters involving this application (give area code)**	
Street:		Prefix:	First Name:
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): ☐☐ ☐☐☐☐☐☐☐☐☐		Phone Number (give area code)	Fax Number (give area code)

8. TYPE OF APPLICATION: ☐ ☐ ☐ If revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) Other (specify) **9. NAME OF FEDERAL AGENCY:**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐ ☐☐☐ TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
13. PROPOSED PROJECT Start Date: / Ending Date:	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant / b. Project

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ .00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ .00	☐ Yes If "Yes" attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c.Telephone Number (give area code)
d. Signature of Authorized Representative		e.Date Signed

INSTRUCTIONS FOR THE SF424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain application certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Net for Profit Organization	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: - "New" means a new assistance award. - "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. - "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	18.	To be signed by the authorized representative of the applicant A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

BUDGET INFORMATION - Non-Construction Programs

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1.	-				
2.	-				
3.	-				
4.	-				
5. Totals					

6. Object Class Categories	Grant Program Function or Activity (1)	(2)	(3)	(4)
a. Personnel				
b. Fringe Benefits				
c. Travel				
d. Equipment				
e. Supplies				
f. Contractual				
g. Construction				
h. Other				
i. Total Direct Charges (Sum of 6a-6h)				
j. Indirect Charges				
k. TOTALS (Sum of 6i and 6j)				
7. Program Income				

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BUDGET INFORMATION - Non-Construction Programs (cont'd)

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources
8.			
9.			
10.			
11.			
12. TOTAL (Sum of lines 8-11)			

	Total Amt 1st Year	1st Quarter	2nd Quarter	3rd Quarter
13. Federal				
14. Non-Federal				
15. TOTAL (Sum of lines 13 and 14)				

(a) Grant Program	FUTURE FUNDING PERIODS (Years)		
	(b) First	(c) Second	(d) Third
16.			
17.			
18.			
19.			
20. TOTAL (Sum of lines 16-19)			

21. Direct Charges:	22. Indirect Charges:

23. Remarks:

INSTRUCTION FOR THE SF424A

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a - k of Section B.

Section A, Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should always provide the summary totals by programs.

Lines 1-4 Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (c) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (c) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (c) and (f).

Line 5 - Show the totals for all columns used

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4. Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a - i Show the totals of Lines 6a to 6h in each column.

Line 6j Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in Column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Column (1) - (4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary

Column (b) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources

Column (e) Enter total of columns (b), (c) and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (c) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project.

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary

Line 20 - Enter the total for each of the Columns (b)-(e). When schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. ½4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited by (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. ½1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S C. ½794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. ½6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention. Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) ½½523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 cc-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. ½3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. ½½1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. ½½276a to 276z - 276a-7), the Copeland Act (40 U.S.C. ½½276c and 18 U.S.C. ½½874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. ½½327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard are to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

ASSURANCES - NON-CONSTRUCTION PROGRAMS (cont'd)

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (E.O.) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. ½½1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. ½½7401 et seq.); (g) protection of underground sources of drinking water under the Save Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. ½½1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archacological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. ½½4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will ensure to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A-133, Audits of Institutions or Higher Learning and other Non-profit Institutions.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Issuance Date : Tuesday, May 16, 2006
Closing Date : Tuesday, July 11, 2006
Closing Time : 1000 hours (New Delhi time)

Subject: Request for Applications (RFA) Number 386-06-007, entitled "National Integrated Health Program (NIHP)"

The United States Government, represented by the United States Agency for International Development Mission in India (USAID/India) is seeking application for an Assistance Agreement for funding the NIHP program in India. The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

The Recipient will be responsible for working in close collaboration with the Maternal Child Health and Urban Health Division of the Office of Population Health and Nutrition (PHN) in USAID/India for ensuring the achievement of the program objective. Please refer to the Program Description for a complete statement of goals and expected results. USAID believes the current Program Description in particular needs to be more definitive in scope to provide clarity as to exactly what will or will not be financially supported.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the grant.

Subject to the availability of funds, USAID intends to provide approximately $25,000,000.00 in total USAID funding to be allocated over the 5-year period. USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section A - Grant Application Format;
2. Section B - Selection Criteria;
3. Section C – Program Description;
4. Section D - Certifications, Assurances, and Other Statements of Applicant/Grantee;
5. Section E - Branding Strategy Plan Guidance
6. Section F - Annexures

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Applications and modifications thereof shall be submitted electronically by one of the following methods.

a) Email with attachments to the following addresses: IndiaRCO@usaid.gov with a copy to asachdev@usaid.gov, with no more than 6 attachments (3 MB limit) per email in any software application compatible with MS Word 2003 and MS Excel or Adobe Portable Document Format (PDF). Do not use ‘zip’ files to consolidate attachments;

b) Via Grants.gov web portal. Applicants may use this method to submit proposals however another other method stated in the RFA must be used as well. If the applications are submitted using the Grants.gov method, then the applicant is required to submit its application via email directly to USAID as stated in paragraph “a)” above;.

c) CD-ROM or Diskette (3 ½ inch) via hand-delivery, commercial courier to USAID/India (West Building) at the U.S. Embassy, Shantipath, Chanakyapuri, New Delhi-110021. Regular postage mail, U.S. or non-U.S. based is not authorized.

Please note that all applications should be received by the closing date and time indicated at the top of this cover letter.

Finally, regardless of which method described above is used, hard copy of applications and modifications are not required or desired unless the Cognizant Regional Agreement Officer states otherwise.

Applicants are requested to submit both technical and cost portions of their applications in separate volumes. Award will be made to that responsible applicant(s) whose application(s) offers the greatest value.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant grant(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

(a) Section II - Selection Criteria;
(b) Section I - Grant Application Format;
(c) The Program Description;
(d) This Cover Letter.

All comments for this RFA should be submitted in writing via email to Mr. Marcus A. Johnson, Jr. at marcusjohnson@usaid.gov with a copy to Mr. Amaan Sachdev at asachdev@usaid.gov no later than 1000 hours, Tuesday, May 9, 2006. If there are problems in downloading the RFA off the INTERNET, please contact the USAID INTERNET Coordinator on (202) 712-4442. Applicants should retain for their records one copy of all enclosures which accompany their application.

Sincerely,

Marcus A. Johnson, Jr.
Regional Agreement Officer

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SECTION A - GRANT APPLICATION FORMAT

PREPARATION GUIDELINES

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section II addresses the technical evaluation procedures for the applications. Applications which are submitted late or are incomplete run the risk of not being considered in the review process. Late applications will not be considered for award.

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application. Both Technical and Cost portions of applications should be submitted in original.

The application should be prepared according to the structural format set forth below. Applications must be submitted no later than the date and time indicated on the cover page of this RFA, to the location indicated in the cover letter accompanying this RFA.

Technical applications should be specific, complete and presented concisely. The applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The applications should take into account the technical evaluation criteria found in Section II. The maximum page limit for the technical proposal is 30 pages. Use font size 10, 11 or 12 point, font type - Times New Roman or Courier

Applicants should retain for their records one copy of the application and all enclosures (attachments) which accompany their application. Erasures or other changes must be initialed by the person signing the application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

COST APPLICATION FORMAT

The Cost or Business Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for the Grant Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The following sections describe the documentation that applicants for Assistance award must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

A. A copy of the program description that was detailed in the applicants program description, on a 3-1/2" diskette or email attachment, formatted in Word97 or Word 2003.

B. Include a budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. The budget must be submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site, http://www.usaid.gov/procurement_bus_opp/procurement/forms/sf424/;

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;

- the breakdown of all costs according to each partner organization involved in the program;

- the costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;

- the breakdown of the financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement;

- potential contributions of non-USAID or private commercial donors to this Cooperative Agreement;

- your procurement plan for commodities (note that contraceptives and other health commodities will not be provided under this Cooperative Agreement).

C. A current Negotiated Indirect Cost Rate Agreement;

D. Required certifications and representations (as attached):

E. Cost share has been recommended to be 25% of the total estimated amount. If the applicant proposes a cost share of less than 5%, it will be deemed as not responsive, and will be removed from further consideration.

F. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:

1. copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;

2. projected budget, cash flow and organizational chart;

3. A copy of the organization's accounting manual.

G. Applicants should submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.

3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.

4. Has a satisfactory record of integrity and business ethics; and

5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

H. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal Office has a copy.

In addition to the aforementioned guidelines, the applicant is requested to take note of the following:

I. Unnecessarily Elaborate Applications - Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

J. Acknowledgement of Amendments to the RFA - Applicants shall acknowledge receipt of any amendment to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the time specified for receipt of applications.

K. Receipt of Applications - Applications must be received at the place designated and by the date and time specified in the cover letter of this RFA.

L. Submission of Applications:

1. Applications and modifications thereof must be submitted electronically by one of the following methods.

a) Email with attachments to the following addresses: IndiaRCO@usaid.gov with a copy to asachdev@usaid.gov, with no more than 6 attachments (3MB limit) per email in any software application compatible with MS Word 2003 and MS Excel or Adobe Portable Document Format (PDF);

b) Via Grants.gov web portal. Applicants may use this method to submit proposals however another other method stated in the RFA must be used as well. However, if the applications are submitted using this method then the applicant is required to submit its application via email also.

c) CD-ROM or diskette (3 ½ inch) via hand-delivery, commercial courier to USAID/India at the U.S. Embassy, Shantipath, Chanakyapuri, New Delhi-110021. U.S. or non-U.S. based regular postage mail delivery of proposals (in CD format or any other electronic media) is not authorized and will not be evaluated.

Finally, regardless of which method described above is used, hard (paper) copy of applications and modifications are not required or desired unless the cognizant Regional Agreement Officer states otherwise.

2. Faxed applications will not be considered; however, applications may be modified by written or faxed notice, if that notice is received by the time specified for receipt of applications. USAID/India/ROAA facsimile # 91-11-24198309.

M. Preparation of Applications:

1. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk.

2. Each applicant shall furnish the information required by this RFA. The applicant shall sign the application and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

3. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

N. Explanation to Prospective Applicants - Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing within three weeks of receipt of the application to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of a Grant will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

O. Grant Award:

1. The Government may award one or more Grants resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value (see also Section II of this RFA). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application (see Section III, Selection Criteria), (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

2. The Government may award one or more Grant(s) on the basis of initial applications received, without discussions. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint.

3. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Grant(s).

P. Authority to Obligate the Government - The Grant Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Grant may be incurred before receipt of either a fully executed Grant or a specific, written authorization from the Grant Officer.

Q. The Contractor/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

R. Foreign Government Delegations to International Conferences - Funds in this [contract, agreement, amendment] may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences [http://www.info.usaid.gov/pubs/ads/300/refindx3.htm] or as approved by the [CO/AO/CTO].

S. Non-Financial Commitments - USAID may consider more than its financial commitment as a mean of its support. For example, to obtain the maximum public-private alliance partnership possible may offeror request that the Cognizant Technical Officer (CTO) and/or the Mission Director to meet annually with the Board of Directors of a corporation or foundation at its HQ somewhere in the world to present the view of the U.S. Government as to how the alliance is performing. The expense would be paid by USAID outside the financing of the award but is a specific request (condition) of the offeror e.g., the alliance partner(s).

SECTION B - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. To the extent that they are necessary (if award is made based on initial applications), negotiations will then be conducted with all applicants whose application, after discussion and negotiation, has a reasonable chance of being selected for award. Awards will be made to responsible applicants whose applications offer the greatest value, cost and other factors considered.

Awards will be made based on the ranking of proposals according to the technical selection criteria identified below.

The application must include a description of the organization's technical resources and expertise in the said program. This should include a description of the organization history, mission, current and past programming in India, if any, and any U.S. Government financial support received in the past five years, financial management and reporting systems, and experience in developing and managing similar programs of the type required for the awards.

Applicants are encouraged to highlight areas of project implementation or cost effectiveness or efficiency (i.e. economies of scale), if any, as a result of cost sharing or matching arrangements. If a consortium like arrangement is being proposed the Applicant should clearly state who will be leading (coordinating). The Applicant is also strongly advised to seek specific guidance directly from the Regional Agreement Officer prior to submission.

MANDATORY CRITERIA

Applications must satisfy this minimum criterion to be eligible (e.g. responsible) for further consideration.

- Cost Sharing, Matching Arrangement and/or In-Kind Contribution from the recipient is required. Applicants must propose some amount of non-U.S. Federal contribution toward the proposed activity. The minimum percentage or amount however is not set.

  "Cost- sharing" means the application presents cash from non-US F sources which the offeror will use in the performance of the award. "Matching-Arrangement" means the application presents cash from non-US Federal sources which will be provided at a set ratio (e.g. for every 2 dollars USAID obligates the recipient will provide 1 dollar). "In-Kind Contribution" means the donation of tangible property (such as computers, medical and lab equipment, pharmaceuticals, technology transfer, but excluding real) or services (such as rent, utilities, etc.) provided by the recipient to the Government.

- Gender: Gender statement is attached for reference.
- The apparently successful applicant(s) will be required to submit a Branding Strategy Plan (Ref. Section E)

EVALUATION CRITERIA: BEST VALUE

A technical evaluation committee (TEC) will be established by and under the direction of the Regional Agreement Officer and will evaluate all timely proposals. The Regional Agreement Officer will use "Best Value" criteria to determine the proposal most advantageous to the U.S. Government. **All evaluation factors other than cost or price, when combined, are significantly more important than cost or price. Technical evaluation factors, and the sub-factors thereof, are listed below. "Qualification of Key Personnel" is the most significant evaluation factor followed by "Technical**

Approach" and "Past Performance". All sub factors under each significant technical factor are of equal weight relative to each other. The **Cost factor, and its sub-factors thereof, are listed below are of equal weight to each other.** The award(s) shall be made to the responsive and responsible offeror(s) whose combined technical and cost factor offer the best value to the U.S. Government.

A. Technical Evaluation

1) Qualifications of key personnel

a. Appropriate technical experience for the position proposed;
b. Appropriate educational background for the position proposed;
c. Previous work in the South Asia region, or other develping countries, that demonstrates the ability to work effectively in the position proposed;
d. Knowledge of relevant policy and field issues on the said program; and
e. Past experience of managing similar programs.

Note: Key personnel are considered to be up to the 5 top proposed staff positions for each award.

2) Technical Approach:

a. Efficacy of the Technical Approach. That is, the likelihood that the programs for which funding is sought will make a recognizable, significant and measurable contribution towards achieving the results identified in this RFA. Together with the outcomes identified for the various technical domains, these provide a guide on the nature of programs envisaged. For example, proposed sustainability targets on an annual basis (plan). This would include discussion of proposed partners and arrangements for working with partner organizations, including maximizing the role of Indian organizations and building their capacity to carry out the programs in the longer term, and how this will be monitored. Applicants are encouraged to propose additional indicators as appropriate.

b. Mobilization Plan. Along with the Technical Proposal the offeror must submit a Mobilization Plan. It does not count within the page limit for the technical proposal but should not be over 8 pages. The mobilization plan will provide details of work to be carried out in the initial 90-day period of the award. At a minimum, it will cover the anticipated logistics of award start-up and the process and timing of establishing administrative and financial control systems. It will also cover the timing for hiring appropriately qualified local staff, and the plan for the initial activities to be executed by these staff members.

c. Demonstrated existing relationships or the ability to establish such with key Government of India, State Governments and other indigenous stakeholders.

d. Emphasis will be placed on soundness of the proposed technical strategies and responsiveness to the principles and illustrative approaches mentioned in the RFA, evidence based, clearly defined and an achievable plan for a rapid program start up, demonstration of leveraging resources, coverage of target populations with planned programming and a co-ordination plan with other (indigenous) partners in the field.

e. Monitoring and Evaluation plan, including tracking gender disaggregated data.

3) Past Performance

a. Demonstrated relevant past performance and experience with similar or same type of activities, including mainstreaming gender in South Asia or other developing countries;

b. Demonstrated capacity to manage personnel needs for large, multi-million dollar long term program operating in South Asia or other developing countries;

c. Demonstrated an effective system of the prime (partner) for managing sub-grants, joint-venture relationships or any other method proposed for involving the work of other organizations to carry out the Agreement; and

d. Experience of the applicants in successfully transferring technical expertise and management to local partners.

(Note: The U.S. Government will evaluate the quality of the offeror's past performance. This evaluation is separate and distinct from the Contracting Officer's responsibility determination. The assessment of the offeror's past performance will be used to evaluate the relative capability of the offeror and other competitors to successfully carryout the program. Past performance of significant and critical subcontractors and other types of partnerships in the applications will be considered to the extent warranted by their involvement in the proposed effort).

The U.S. Government reserves the right to obtain information for use in the evaluation of past performance from any and all sources inside and or outside of the U.S. Government. Offerors lacking relevant past performance history will receive a neutral rating for past performance. However, the proposal of an offeror with no relevant past performance, may not represent the most advantageous proposal to the U.S. Government and thus, may be an unsuccessful proposal when compared to the proposals of the other offerors. The offeror must provide the information requested above for past performance evaluation or affirmatively state that it possesses no relevant directly related or similar past performance experience. The Government reserves the right not to evaluate or consider for award the entire proposal from an offeror which fails to provide the past performance information or which fails to assert that it has no relevant directly related or similar past performance experience.

B. COST EVALUATION

The recipient should have a structure that will allow it to provide the greatest value (highest results) at the lowest cost; minimizing or eliminating overall administrative costs, overhead, subcontract and sub-grant pass-through costs, international staff benefits, home office communications and other administrative support costs. The commitment of the applicant will be measured by the amount of resources and partners planned on being leveraged for proposed activities.

Each offeror's cost proposal of the base program (and options program if applicable) shall be evaluated based on the following criteria in comparison with the cost proposal of other offerors:

1) Effectiveness of proposed cost control structure
a. Budget transparency to effectively track expenditures; and
b. Subcontracting and grant-making methods are clearly defined.

2) Reasonableness of proposed labor cost and structure
a. Expatriate salary structure and expense; and
b. Local salary structure and expense

3) Cost efficiency of proposed Other Direct Costs (ODCs)
a. Offers market competitive pricing estimates of tangible items to be used for performance; and
b. Competitiveness of pricing and sound purchase methods of international and in-country air travel and surface transportation.

4) Amount of cost-sharing, matching arrangements, or market value of in-kind contributions proposed.
a. Amount or market value from non-U.S. Federal sources; and
b. Amount or market value from all sources, if different than “a.”

5) Reasonableness of overall proposed Total Estimated Cost.

SECTION C - PROGRAM DESCRIPTION

Section C – Program Description

1. Background
   a. Nature of the activity and target states
   b. The Maternal and child health and nutrition scenario at the national level
   c. The child survival scenario in the northern region
   d. Government of India prioritizes child survival
   e. History of USAID/India's child health, maternal health and nutrition efforts
   f. Donor involvement in Maternal health, child survival and nutrition programs
   g. Linkages to Mission's strategic plan

2. Technical requirements of the program
   a. Activity Description
      i. Overview- Rationale, Objectives,
      ii Program scope and duration
      iii Geographic Scope
      iv. Program principles

   b. Program Approach
      i. Demonstration and Learning
      ii Technical and Operational Assistance
      iii. Knowledge Creation and Management
      iv. Integrating Gender and Equity
      v. Scale up

3. Strategic Framework for NIHP

4. Monitoring and Evaluation

5. Gender Statement

ACRONYMS

AMC:	Ahmedabad Medical Corporation
ANC:	Ante Natal Care
ANM:	Auxiliary Nurse Midwife
ARI:	Acute Respiratory Infection
ASHA:	Accredited Social Health Activist
AWC:	Anganwadi Center
AWW:	Anganwadi Worker
A2Z:	USAID's Micro-Nutrient Project
BASICS:	Basic Support for Institutionalizing Child Survival
CHT:	Community Health Center

CLICS:	Community-Led Initiatives in Child Survival Program
CSHGP:	Child Survival Health Grants Projects
CSO:	Civil Society Organization
DAP:	District Action Plan
DFID:	Department for International Development
FBO:	Faith Based Organization
FP:	Family Planning
FRU:	First Referral Unit
ICDS:	Integrated Child Development Services
IFA:	Iron and Folic Acid
IFPS:	Innovations in Family Planning Services Project
IMNCI:	Integrated Management of Neonatal and Childhood Diseases
INHP:	Integrated Nutrition and Health Program
ITAP:	Innovative Family Practices Services II Technical Assistance Program
LHV:	Lady Health Visitor
NFHS:	National Family Health Survey
NHD:	Nutrition Health Days
NRHM:	National Rural Health Mission
ORT:	Oral Rehydration Therapy
PACT:	Program for Advancement of Commercial Technology
PATH:	Program for Appropriate Technology for Health
PNC:	Post Natal Care
PRI:	Panchyati Raj Institution
RACHNA:	Reproductive and Child Health, Nutrition and HIV/AIDS
RCH Program:	National Reproductive and Child Health Program
RTI:	Reproductive Tract Infection
SIFPSA:	State Innovations in Family Planning Services Agency
SIP:	Sector Investment Program
SRS:	Sample Registration System
UAHFW Society:	Uttaranchal Health & Family Welfare Society
UP:	Uttar Pradesh

386-06-007

THE NATIONAL INTEGRATED HEALTH PROGRAM

Executive summary

The National Integrated Health Program (NIHP) will support community action for improving child and maternal health and nutrition in India through increased use of key interventions, knowledge of community based safe practices, demand for services and improved access to quality care at the house hold and community levels.

The NIHP will also promote integrated attention to child and maternal health and nutrition within a broader continuum of health care services and programs from the household through the community to the first referral unit.

The NIHP will work closely with other partners and stakeholders effectively to execute the integrated program; to leverage and complement other major activities; to set priorities and supply stakeholders with valued information; and to establish and maintain a set of skills and experience within the project

The NIHP will support

- through demonstration and learning in 22 districts of Uttar Pradesh and all of Jharkhand (rural and those urban areas with populations of less than 100,000), refining existing program approaches for improving child and maternal health and nutrition.
- through technical assistance at the state and national level, and working with the National Rural Health Mission (NRHM), scale-up lessons learned to all 18 states that are the focus of the NRHM.

The NIHP will also support knowledge creation and management and ensure gender and equity in all its decisions and activities.

The NIHP has been designed to complement and support the Government of India's commitment to improving maternal and child health and nutrition, with special attention to the National Rural Health Mission, the second phase of the Reproductive and Child Health Program (RCH 2), Eleventh Five year plan, and state level policies, resource allocations and programs.

The Vision

The National Integrated Health Program (NIHP) will seek to bring about reductions in deaths and health improvements in women of reproductive age, newborns and children in selected areas of Uttar Pradesh (UP) and Jharkhand through an integrated health program focused at the household, community and first referral unit levels.

The need for this program is clear. The Government of India has launched a very ambitious National Rural Health Mission (NRHM) that seeks to improve the health of Indians throughout rural India. This large-scale program needs to build on successful demonstration efforts in order to achieve its goals. NIHP will work closely with the GOI to demonstrate effective programs in underserved areas that can go to scale. It will also work closely with private groups in expansion of best practices.

Improving the health of women and children in India is paramount for India at this stage in its development. These data show the challenge:

- 20 percent of the world's births are in India.
- 20 percent of the world's maternal deaths are in India (the most in the world).

- One woman dies every five minutes in India -more than 130,000 each year -from causes related to pregnancy and childbirth.
- 25 percent of the world's children's deaths are in India. Approximately 50 percent of children in India are undernourished.
- Among children 12-23 months, only 42 percent are fully immunized. Polio has yet to be eradicated from India.
- Within India some of the highest infant mortality rates and under five mortality rates are in North India in Uttar Pradesh and Jharkhand. Whereas the national average for infant mortality and under five mortality are 67 and 94, in UP it is 86 and 122. The population of UP is 170 million and Jharkhand is over 20 million. Impacting the health of the most vulnerable in these states would positively affect not only all of India but would have global impact and thus make progress towards achieving the Millennium Development Goals (MDGs).

Data shows that children and women in India are dying from preventable diseases. The principle causes of death for newborns are sepsis, asphyxia and "prematurity", with low birth weight as an underlying cause. Neonatal, post natal and child mortality rates have declined but slowly. There are also inequities between urban and rural areas and between boys and girls.

Mothers are dying from hemorrhage (related to anemia), and sepsis, with malnutrition as an underlying cause. Other factors affecting maternal mortality and morbidity are birth spacing, age of the mother, and access to healthcare. Children are also dying from tetanus, diarrhea, fever and infections, with malnutrition as an underlying cause. Anemia is high in mothers and children: over fifty percent of women are anemic.

In addition, gender is a factor. In India excess female mortality among children is evident at ages beyond the first month of life. During the post-neonatal period, age 1-11 months, female mortality exceeds male mortality by ten percent. The female disadvantage in survival from age one is much more severe in rural than urban areas. Education is a catalyst of change but only half of the women age six and above is literate. Compounding this , early marriage keeps fertility quite high.

Fortunately, there are proven household and community level interventions for health improvement. In infants and children these include newborn care, exclusive breastfeeding for six months, nutritious and hygienic complementary feeding practices after six months, other nutrition interventions including micronutrient supplementation, oral rehydration therapy and diarrhea prevention, immunizations and appropriate care seeking. Delaying marriage and birth spacing also may improve maternal and neonatal health. Successful community interventions also include immunizations and monitoring and supervision of community health workers such as the Anganwadi Worker (AWW), Auxiliary Nurse Midwives (ANMs) and the Accredited Social Health Activist (ASHA). Private provider training is another effective community-level intervention. The involvement of other community groups builds community owner ship such as the Panchyati Raj institutions and Self Help Groups.

This is a unique moment in history to make a difference in public health in India. There are many opportunities to take programs to scale through public private partnerships. India is fortunate that resources for social programs are increasing and the Government of India has launched the National Rural Health Mission. Since preparation for the Eleventh Plan is ongoing, there is an opportunity to increase attention to this important area. Other donors are also increasing their resources for the Northern Indian States, making synergies with their initiatives are possible. Finally, the Government of India is very open to successful models if they are scientifically shown to have impact at scale and are cost effective.

USAID proposes a five year approximately twenty five million dollar program, which would be primarily an integrated maternal health, child health and nutrition activity. The focus is on best health promotion practices at the household level. Mothers and care providers would be enabled to practice best maternal and child health behaviors. They would receive knowledge from health workers who would be held accountable by the system and the community for ensuring access to families of quality services and appropriate referrals to first level referral units.

Synergies are encouraged, including efforts to promote convergence between GOI ministries of Health and Family Welfare and Human Resource Development, Department of Women and Child development. Offerers are encouraged to be creative, flexible and be catalytic.

1) BACKGROUND:

a) Nature of the activity and the target states:

The proposed activity is a maternal health, child health and nutrition program in India, which will be operated through a non-governmental organization in the states of Uttar Pradesh and Jharkhand. The activity will support more effective implementation of the Government of India's maternal health, child health and nutrition activities. It will be targeted on key household and community level interventions that save lives and improve the health of women and children.

b) The Maternal and child health and nutrition scenario at the national level:

India faces critical challenges in the public health arena. Over 70% of child mortality occurs during infancy (the first year of life). 60% of all infant mortality occurs in the first month of life. In addition malnutrition is associated with over 50% of childhood deaths and directly affects the severity of diseases such as measles and diarrhea. Even though severe malnutrition has reduced significantly over the past 30 years, the impact of malnutrition is still reflected in various health statistics throughout the life cycle e.g. high levels of stunting, high anemia levels and high levels of maternal under-nutrition. The causes of under nutrition are many and include delayed initiation of breastfeeding, early termination of exclusive breast-feeding, low vitamin A and iron folic acid intake, and inappropriate complementary feeding and hygiene-related practices.

By 2025 India's population living in urban areas will increase from 30% to 50%. Half of this population will be living below the poverty line. Health outreach services to the most vulnerable segments of the population in both rural and urban settings are very limited and the quality of services, in general, is poor. Health information for clients and providers needs to be more broadly disseminated. Human and fiscal resources are often inadequate, used ineffectively or misused impeding service delivery. There are other constraints preventing the effective delivery of quality services. Neither the public nor the private sector alone can address all health problems and unmet needs in India. Both sectors have their strengths and comparative advantages as well as limitations. To meet short and longer term health needs, the public sector must more effectively explore all opportunities to engage and/or partner with the private sector (i.e., NGO and private industry) to ensure the equity, accountability, quality and affordability of health services.

Over the past 15 years, mortality for children under five has declined in India, demonstrating that progress can be made with child survival at a national level. Despite these gains, clear differences in child mortality rates still exist between states, gender and economic groups (groups with lower economic opportunity, having the highest child mortality rates and the greatest needs are in the northern states of India). The discrepancies between the vital statistics of the north and south presents a public health challenge to state and federal decision-makers because child survival issues are a matter of national concern and pride. The major causes of death among children under five are diarrhea, pneumonia, prematurity, measles and other infections. Malnutrition is an important underlying cause in such deaths as per a study in Uttar Pradesh by Dr. Shally Awasthy et al. 2004. In the neonatal period, major causes of death are sepsis, asphyxia, pre-maturity and low birth weight as per a study by Dr. Abhay Bang in 1999. In India, the mortality rate among children ages 1-5 is 50 percent higher for girls than boys. There has been a sharp decline of almost 40 points (from the 1981 census to 2001) in the child sex ratio for girls.

According to the Human Development Report, 2005, the slower annual reduction in the Infant Mortality Rate indicates that India as a country has not been able to convert its substantial globalization success into human development. One of the main reasons for this is the deep gender inequities pervasive in India. India's high maternal mortality rate (400 per 100 000 births), most to be reduced. The major causes of maternal deaths are hemorrhage, anemia, sepsis, abortions, obstructed labor and toxemia as reported by a SRS study in 1998. A number of inter-related factors determine a woman's chances of survival in India. One out of every 75 women of reproductive age dies from childbirth-related causes. Only 15 percent of mothers receive complete antenatal care and only 58 percent receive iron/folate tablets. In addition, only 34 percent of deliveries take place in facilities and at best 42 percent are assisted by a trained health professional. The violence that women face throughout their lives has severe health consequences, including unwanted pregnancies, miscarriages, trauma, severe physical morbidity and sexually transmitted infections. There is also a need to actively promote adolescent health to have healthier women entering pregnancy. This would lead to healthier newborns. Family

life and skills education would help delay marriage, postpone the birth of the first child and lead to more appropriate birth spacing. This would improve maternal health and nutrition and increase birth weight and child survival. Reproductive health interventions would impact eventually on improved maternal and newborn health. A woman, who receives health care and nutrition, has access to basic health services and enjoys economic independence, will have a better chance to live a healthy life.

These dreadful tolls are not insurmountable. Successful demonstration and learning projects in India and national initiatives in other developing countries have shown that very significant improvements in maternal, childhood, reproductive and newborn health are possible with an affordable combination of appropriate tools, integration of gender and equity issues, behavior change and systems modifications. There are a number of evidence-based proven interventions available for tackling the above mentioned causes of mortality and morbidity.

c) The child survival scenario in the northern region:

Although several Indian states have done remarkably well in providing maternal and child health and reproductive health services, what makes the Indian performance poor is the extremely slow progress made in a few large northern states. The following examples show the health constraints of this Northern region, which account for 43 percent of India's population. The infant mortality rate is 82 per 1000 live births in Uttar Pradesh as compared with 64 per 1000 live births at the all-India level. In the neighboring states of Bihar, Madhya Pradesh, Rajasthan, Orissa, Uttaranchal and Chattisgarh, only 44 percent of women have an antenatal check up during pregnancy, one-fourth of the deliveries are attended by health professionals, one-fifth of the children are fully immunized, and one-third of married women of reproductive ages are using contraception. (National Family Health Survey II-1998-99, NFHS II). Some of these are also the states where polio transmission still persists, which keep the health focus of the national and state governments and development partners polio-centric.

d) Government of India (GOI) prioritizes Child Survival:

In April 2005, the Government of India launched the National Rural Health Mission (NRHM) to highlight the importance of health in the process of economic and social development. This program follows the earlier RCH II, RCH I and Child Survival and Safe Motherhood programs and subsumes the Integrated Child Development scheme of Government of India.

This initiative:

- outlines necessary corrections in the basic health care delivery system;
- spells out inclusion of other determinants of good health (e.g. nutrition, sanitation, hygiene and safe drinking water);
- corrects regional imbalances in health infrastructure in such areas as the North and East of India;
- proposes increased public expenditure on health and pools resources;
- integrates organizational structures;
- optimizes health human resources;
- decentralizes management of health programs to the district level; and
- promotes community participation and ownership.

The goal of the NRHM is to help improve availability and access to quality health care by people, particularly for those residing in the rural areas, the poor, women and children. The GOI Reproductive and Child Health II program, RCH II, (2005 to 2010), which focuses on improving maternal, newborn, child and reproductive health in India was subsumed in the National Rural Health Mission.

In meetings in January/February 2006 with Government officials of the Ministry of Health and Family Welfare and the Ministry of Human Resource Development, Department of Women and Child Development, a keen interest was expressed by the officials in having USAID support an integrated program in UP and Jharkhand for maternal health, child survival and nutrition. (These are the nodal ministries responsible for the implementation of the National Rural Health Mission.)

e) History of USAID/India's Child Health, Maternal Health and Nutrition efforts:

There have been a variety of experiences supported by USAID in India that provide many lessons that are important for NIHP. The following activities/projects are supported by USAID and provide input lessons to NIHP:

• CARE/India's RACHNA (Integrated Nutrition Health Program and Chayan) implements a rural and urban integrated maternal health, child survival, HIV/AIDS and reproductive health program in nine states is scheduled to come to an end September 2006. (There will be a Title II Food Aid two or three year phase over program).

• A child survival health grant project supported out of Washington's Global Health Bureau, 'Pragati', managed by World Vision/India, operates in three districts of Uttar Pradesh to scale up a package of child survival and family planning interventions.

• Child survival health grant project supported out of Washington's Global Health Bureau, 'Community-Led Initiatives in Child Survival Program (CLICS), managed by the Agha Khan Foundation/India, in Wardha city of Maharashtra State, that facilitates community ownership of a package of health services.

• *The Jeevan Daan*, a four-year child survival health grant project supported of Washington's Global Health Bureau, in the municipality of Ahmedabad, Gujarat state, with the aim of sustainably reducing the morbidity and mortality among slum children and strengthening local partners.

• Innovations in Family Planning Services Project (IFPS II), a ten-year project, initiated in 1992, to improve quality, access, demand and use of family planning and other reproductive health services in the state of Uttar Pradesh. The project has expanded into Uttaranchal and Jharkhand.

• Program for Advancement of Commercial Technology/Child and Reproductive Health (PACT/CRH) was initiated in 1985. The project currently supports the introduction and commercialization of new reproductive health, child health and HIV/AIDS technologies in the Indian market.

• Polio eradication project implemented by UNICEF, WHO and CORE (a consortium of NGOs) aims at eliminating Polio through specific interventions in targeted areas.

Please refer to page 36 / annex I for a more complete description of these programs.

f) Major Donor involvement in Maternal Health, Child Survival and Nutrition programs:

- **UNICEF**

UNICEF's supports the following child survival activities:
• Reproductive and Child Health: UNICEF supports the national Reproductive and Child Health (RCH) program in its aim to reduce maternal, neonatal and child mortality by improving healthcare services for communities.
• Child Development and Nutrition: UNICEF supports the Government in its objectives to reduce and prevent malnutrition, and to improve the development of children under three years old, especially those from marginalized groups.
• Child's Environment: Sanitation, Hygiene and Water Supply. UNICEF supports the national and state governments in developing and implementing a range of replicable models for sanitation, hygiene and water supply; elements from these have influenced Government policy and programs.

UNICEF state offices in U.P. and Jharkhand. They support the above mentioned programs through their Border District Cluster Strategy of system strengthening and convergence for better service delivery in 13 districts in U.P. and 4 districts in Jharkhand.

- **The European Commission (EC):**

The European Commission supports a Sector Investment Program (SIP) in health and family welfare. SIP is a six-year program with a total EC contribution of $297 million over six years. They have in U.P. and Jharkhand supported system activities in the form of renovating Primary Health Centers and Sub Centers.

- **Department For International Development:**

DFID supports a five-year program to assist with the GOI's 10th Plan, designed to meet Millennium Development Goals. Poverty reduction is at the center of DFID's program, designed around three objectives. One of the objectives is increasing access of poor people to better quality services, which includes health and access to water and sanitation.

- **SURE START**

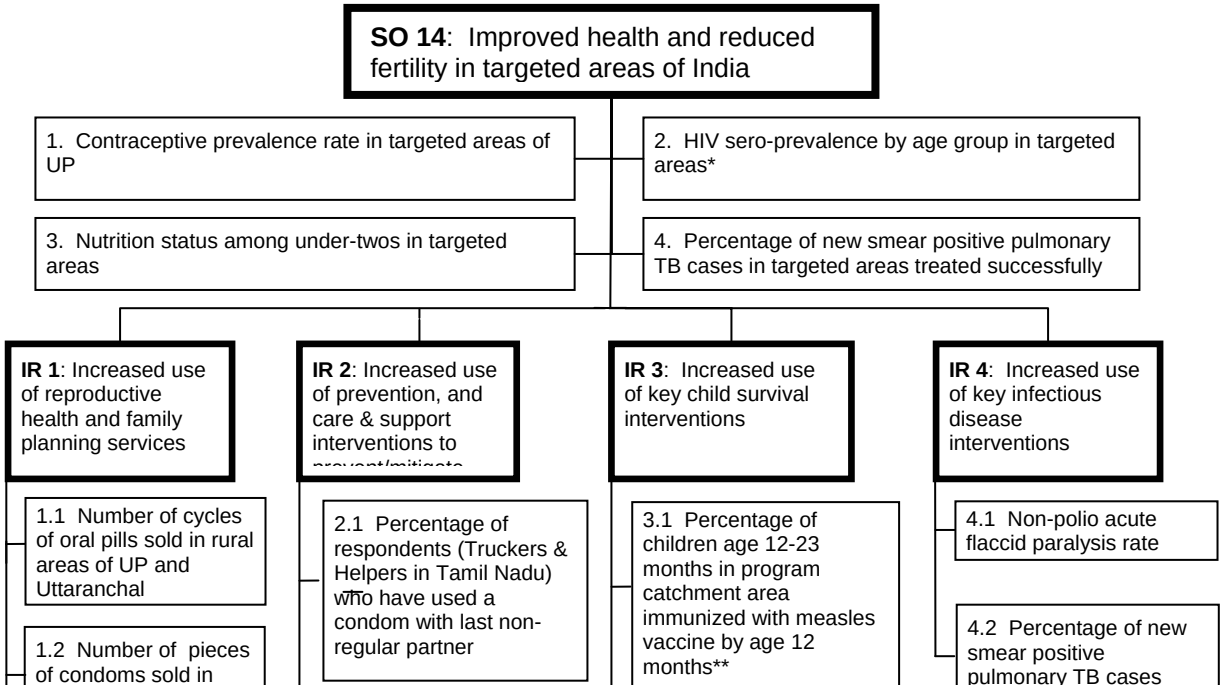
Sure Start is a new initiative launched in April 2006. It intends to significantly reduce maternal and newborn morbidity and mortality in selected twelve districts of Uttar Pradesh and urban areas of Maharashtra. Led by Program for Appropriate Technology for Health (PATH), with financial support from the Bill and Melinda Gates Foundation, Sure Start promotes integrated attention to both maternal and newborn health within a broader continuum of health services and programs. It is $ 25 million five year program.

For a more detailed discussion of what other donors are doing in the health field, please refer to Section F- Annex II.

g) LINKAGES TO MISSION'S STRATEGIC PLAN:

The NIHP activity contributes to USAID/India's current health strategic objective (SO) 14 which is "Improved Health and Reduced Fertility in Targeted Areas of India", as shown in Figure 1 (see following pages). NIHP will be the main contributor besides the Title II activity to the child survival intermediate result (IR) in support of the SO. As neonatal mortality continues to contribute to 60 percent of child mortality and the maternal morbidity and mortality levels in northern India remain very high, delaying mother's age at marriage, age at first birth and birth spacing are also closely associated with child survival.

NIHP will feed into the Program Component "Improve Child Survival, Health and Nutrition". NIHP links to USAID Strategic Framework for ANE foreign policy objectives "Increase Child Survival and Health" which is linked to the Joint State USAID Plan Strategic Goal "Social and Environmental Issues", which is further linked to Joint State USAID Plan Strategic Objective "Advance Sustainable Development and Global Interests."



2) TECHNICAL REQUIREMENTS:

A) ACTIVITY DESCRIPTION:

i) Overview:

a) RATIONALE FOR NIHP:

NIHP is an initiative intended to significantly reduce maternal and childhood morbidity and mortality in rural and urban (areas of < 100,000 population) districts of Uttar Pradesh and Jharkhand. The NIHP Program will further refine previous learning and bring together best practices. NIHP will also draw on appropriate demonstration and learning sites to address key implementation questions. NIHP will rely on new learning through effective operationalization of the government's National Rural Health Mission (NRHM). NIHP will also work with NRHM to assist in the scale up in the 18 focused states.

NIHP has been chosen for the following reasons:

1. The current USAID RACHNA (INHP II & Chayan) program cycle ends in September 2006. This will be followed by a Title II phase over program that focuses on institutionalization, scale up, and expansion of best practices. A need remains for additional technical assistance to the National Rural Health Mission, RCH II and Universalisation of ICDS programs in order to implement cost-effective, sustainable models.
2. A clear vision is needed of how to build integrated health services at the household level with appropriate referral contacts, in which a range of maternal/newborn/child and women's reproductive health and nutrition services can be better delivered.
3. The growing number of maternal and child deaths highlights the importance of effective antenatal care, safe delivery, postpartum, newborn and family planning services. It is also important to address gender barriers as an integral part of any comprehensive approach for improved maternal, neonatal, reproductive and child health and nutrition. Building synergies, leveraging other partners, and integrating with some infectious disease programs e.g. Malaria/Acquired Immuno Deficiency Syndrome will be essential for program feasibility, effectiveness, and cost containment.
4. Addressing human resource issues remains one of the greatest challenges; adequate numbers of health care workers – skilled or otherwise - do not exist. A more comprehensive approach to human resources management at the household level and at the community level is needed.
5. Many factors discourage women from accessing maternal/neonatal/child and women's health services, even for life-threatening emergencies. The gender inequities that impede women's access to services must be addressed.
6. In India, more than half of all births do not have a skilled attendant present and most births occur outside of health facilities (NFHS II). Given that this situation is not likely to change in the foreseeable future, new strategies are needed to connect women, neonates and children with basic life-saving services and interventions.
7. A disparity in the use of health services exists based upon economic status. Better strategies need to be developed to reach the poor/vulnerable, overcoming not only economic differences but also geographic distance and cultural factors that make services inaccessible or unacceptable. A pro-poor strategy is not necessarily only a rural health strategy as many of the world's disadvantaged women reside in crowded urban areas.
8. There is a need to develop and refine key unresolved health problems affecting mothers and children. One of these issues is to gain a more complete understanding of the processes for motivating health workers and communities in order to understand behavioral and implementation barriers and be able to take action that addresses various child survival and safe motherhood interventions.
9. There also is a need to strengthen assistance at the sector level in order to improve service delivery and interdepartmental convergence and institutionalize best practices from ones that can be brought to scale while making needed refinements.
10. This would be an opportunity to clarify the roles and responsibilities of the Accredited Social Health Activist (ASHA), particularly in relationship with other end functionaries e.g. ANM, AWW, Helper, primary school teachers and PRI.
11. This would provide an opportunity to reevaluate the technical breadth of the INHP II and Chayan interventions in line with current needs of Indian mothers and children, and incorporate other evidence-based programmatic interventions.
12. NIHP would offer an opportunity to personalize experience by the ANMs, AWWs, Helpers, ASHAs and other community advocates by serving as role models for programmatic interventions. Anecdotal evidence suggests that once

community health workers utilize various interventions for themselves and their children and recognize the benefits, that they then act as advocates and delivers the services much better.

13. In India, national standards of clinical practice exist but are inconsistently applied in local health service systems. Local and state leaders often give insufficient attention and inadequate resources to the problems of access to health service faced by women and children, and fail to provide alternative approaches to overcome barriers to care. The need for capacity building of state and district level managers will be magnified as many more units and managers become responsible for policy and management, including ensuring consistent application of evidence-based standards of care.

b) OBJECTIVES OF NIHP:

NIHP will have the following three objectives:

• Maternal health, child health and nutrition impact achieved at scale. NIHP will focus activities in some districts of Uttar Pradesh and Jharkhand, along with selected activities at national level with government officials of NRHM in the first 3 to 4 years. This will be followed by scale up to a state-wide level in these two states and also to the other 16 focused states of NRHM; through working with the NRHM resources starting from the first year and maximum in the 5th year.
• A strategy for achieving results at scale is developed that justifies and prioritizes all specific proposed activities at the household/community, block, district, state, and national levels;
• Partners and stakeholders working effectively to execute an integrated program; to leverage and complement other major activities; to set priorities and supply stakeholders with valued information; and to establish and maintain a set of skills and experience within the project.

ii) PROGRAM SCOPE AND DURATION:

• NIHP will be integrated within the Mission's overall vision and strategy and serve as a catalyst for national programs by providing technical assistance and support for rigorous short-term operations research on models that can be scaled up by the government through NRHM/RCH II.
• NIHP is aimed at developing and rigorously evaluating a maternal, child health and nutrition care demonstration and learning model that can be scaled up by the GOI. Hence, the model should be low-cost, use the government infrastructure and personnel, and apply guidelines and recommendations stated under the government's NRHM/ RCH II strategy. NIHP will not focus on new research questions, but focus instead on testing a cost-effective, gender-integrated, scalable model. (Other USAID projects will take the lead on the research issues).
• The model will include a continuum of care from the household to the health facility and community where ANMs work, and include interventions for the adolescent, mother, newborn and child.
• As a result of ongoing discussions with a broad group of stakeholders including the GOI, the environment is right for including skilled birth attendance, community-based management of newborn infections by community workers and peri-natal trans-referrals along with other interventions of RCH II in the proposed NIHP.
• NIHP will learn from past and current global and Indian programs, drawing on experience, programs supported by USAID and others, and seek to incorporate best practices on maternal, child health and nutrition care.
• NIHP's effectiveness with partners and stakeholders will be key to executing an integrated program, to leverage and complement other major activities, to set priorities and supply stakeholders with valued information, and to establish and maintain the set of skills and experience necessary within the project.

Comparison of various models will be fully analyzed to determine what works in the context of Uttar Pradesh and Jharkhand, and has the potential to be scaled up through the NRHM. The offerer will need to decide the relative emphasis on improving services and provider capacity (supply) as opposed to community mobilization and demand generation and the level of emphasis on RH/MH versus NB/CH. The offerer will need to establish and justify their proposed approach and priorities through a presentaton of the evidence to justify choices proposed. This approach is in line with a central and critical quality – the ability to provide evidence for the program.

Growth Promotion and Nutrition will require special attention since improved maternal and child nutrition is a major obstacle to improved health and survival among these groups. The program will be held to results measured in terms of nutrition improvements in combination with system improvements. The prime grantee would propose innovative measures and a monitoring approach that support the production of clear evidence. Such evidence should stand up to

commonly-accepted norms for attribution of observed effects on interventions, and demonstrate improved nutrition and other Maternal Health/Newborn Health /Reproductive Health /Child Survival interventions.

The activity period for NIHP will be five years from October 2006 to September 2011. At the end of this period, the activity will be at full scale and Government of India through NRHM would have incorporated major learning's from NIHP. NIHP will be a unilateral USAID arrangement in which a non governmental organization will be selected through full and open competition. The organization will have a direct relationship with USAID. Because of the unilateral nature of implementation arrangement, it is expected that the organization will have the ability to mobilize quickly, innovate and be flexible in program implementation, all of which will help scale up sustainable, cost-effective models of maternal, newborn, reproductive and child health and nutrition interventions.

iii) GEOGRAPHIC SCOPE:

A comprehensive program is planned for Jharkhand and the Uttar Pradesh program will be sufficiently large to have an impact on the states maternal, neonatal and child health indicators. In U.P, we anticipate a program that covers about 22 districts, representing about one third of Uttar Pradesh. In Jharkhand we expect to work in all 22 districts. The decision on which districts NIHP will work in will be jointly determined by the offerer and the USAID/India Mission in consultation with the government of U.P. within the first three months of the start up finalization of the grant. It is proposed that about 60 to 70 percent of the focus of the program will be in Uttar Pradesh with the remainder in Jharkhand. The proposed target area has a total population of about 95 million with 10 million pregnant women, 14 million children under 5 years of age, 45,000 Anganwadi Workers (AWW) and helpers, 46,000 teachers, 13,000 Auxiliary Nurse Midwives (ANM) and 64,000 ASHAs (have been or to be recruited). NIHP will be rural focused, but include some urban centers in cities with a population below 100,000, as here district planning for both rural and urban areas is done together. The NIHP will also work at the national level to support convergence, disseminate best practices and to advocate for scale up of best practices and donor coordination.

The basis for selection of these states was: (i) Maternal and child health indicators in these states are lower than the national average. (ii) The Government of India (GOI) and USAID have agreed to cooperate in maternal health, child health and nutrition activities in these states. (iii) USAID has a history of supporting maternal health, child survival and reproductive health initiatives in these states. (iv)These two states contribute to about 20 percent of maternal and child mortality in India. (v) There are gaps in service delivery and health-care seeking behaviors in these states regarding RCH interventions (NFHS II). (vi) There could be possible programmatic synergies with Bill and Melinda Gates' Sure Start program , UNICEF, Title II phase over and IFPS II programs. (vii) There appears to be a higher chance of success with the noted bureaucratic activism available in these states on health-related issues and (viii) These states have about 20% population of India.

iv) PROGRAM PRINCIPLES:

The Program will be evidence based. It will set up replicable, scalable and cost-effective models. Leveraging is an important principle as well as Public-Private Partnership. The program will build on existing platforms; have a bottom-up approach, and integrate gender in all its program strategies. NIHP will target key interventions in focused geographic areas on vulnerable populations where there are political commitment and partnership opportunities.

The NIHP's Characteristics will be :

1. The interventions and approaches will be evaluated in accordance with commonly-accepted scientific standards of causal attribution. The results will be scientifically defensible and useful for advocacy and will influence programs operating at scale.
2. The program area must be large enough, and the program conditions must be representative of other areas so that the evidence generated is accepted as relevant to larger programs where it may be scaled up.
3. All evaluations should include a cost evaluation component.
4. The program will be evidence-based and integrate gender into interventions.
5. NIHP internal monitoring and evaluations will be rigorous and will ensure the following:

- Information is collected and analyzed using appropriate techniques to form the basis for evaluation criteria for the proposals.
- Data from previous and ongoing programs and collections of best practices using scientifically sound methods will be ensured.
- The applicant will need to demonstrate that the program has the technical resources to implement these monitoring and evaluation linked activities.

Target Groups for NIHP:

- Primary:
  - Women of reproductive age (15 to 45 years) and their children below the age of five;
  - Adolescent girls (13 and 14 years);
  - Care providers, especially community based;
  - Male family members who influence the above mentioned women, adolescent girls and children below the age of five; and
  - Policy leaders.
- Secondary:
  - Community groups e.g. Self-Help Groups; Panchyati Raj Institutions; Civil Society Organizations; Faith-Based Organizations; and
  - National, state, district, and block administrators.

B) NIHP PROGRAM APPROACHES:

Below is presented a possible program approach for how NIHP will implement its activities to ensure improved maternal, child health and nutrition at scale in India through effective implementation of NRHM. NIHP will be implemented in Uttar Pradesh and Jharkhand and have selected activities at the national level working with NRHM resources and assist in impact at scale in 18 states under NRHM.

NIHP's program approaches would include:

i. Demonstration and Learning;
ii. Technical and Operational Assistance;
iii. Understanding and Addressing Gender and Equity Issues;
iv. Knowledge Creation and Management; and
v. Scale up through Partnership and Leveraging.

The implementer will be responsible for soliciting sub grantees to implement the various program components of NIHP. The implementer is expected to collaboratively develop draft scopes of work with USAID, which define the activities to be carried out. The implementer, with the concurrence of USAID, will then announce and procure the services required. USAID will participate in the selection of sub grantees. The implementer is expected to monitor the activities of the sub grantee and provide periodic progress reports to USAID.

ELABORATION OF NIHP PROGRAM APPROACHES:

i. **Demonstration and Learning sites selected jointly by the offeror, other partners, government officials and USAID will** include selected rural-focused districts, with selected urban centers included in the target states. The cities having populations below 100,000 are included where district planning encompasses both rural and urban areas in selected districts of Uttar Pradesh and Jharkhand. These areas would act as Demonstration and Learning sites, designed to address key implementation questions. The program will build on existing GOI platforms, be flexible, innovative in approaches and sufficiently large with typical program conditions so that the evidence generated is accepted as relevant to larger program operations in a scaled up version through the NRHM. The key set of interventions proposed by the offerer will be evidence-based, replicable, scalable, and cost effective. The maternal, newborn, child and reproductive health and nutrition interventions will be focused on vulnerable populations. The results found will be scientifically defensible and useful in advocacy and influencing programs operating at scale by the offerer and USAID. The interventions will be based

on community ownership/participation. Community mobilization activities designed and implemented by the offerer will create demand for improved services. The program will work with community organizers at the local level consistent with NRHM e.g. (ASHA/Self Help Groups/Panchyati Raj Institutions/Women's Groups-Mahila Mandals), with essential household skills in maternal, childhood, reproductive and newborn care. Behavior change of beneficiaries and service delivery personnel at the district and block level provide a platform for addressing specific operational issues on a new delivery environment for the Ministry of Health and Family Welfare and Ministry of Women and Child Development. NIHP will provide an opportunity to identify key roles and responsibilities of the ASHAs, facilitate evaluation and enhance access to skilled birth attendants at the community and at the first referral unit (FRU) levels. NIHP will also evaluate a new, refined strategy for dealing with newborn infections using antibiotics and strengthening linkages between communities and the public and private health care systems.

Demonstration and learning sites will use innovative financing methods such as grants to further service delivery to focus on capacity building of functionaries and beneficiaries. Institutional development and operational research will be tailored to local, state and national needs. NIHP activities will complement other efforts that focus on health system strengthening and clinical care by USAID and other groups. Interventions and approaches will be evaluated so that the results found will be scientifically defensible and validated through a sound evaluation process. The measurements will be based on sound scientific systems and process measures conveying program evidence. The selection of specific interventions will be proposed by the implementer in the application and approved by USAID based on their consistency with national and state policies that have proven to be closely linked to improving the health and nutrition of mothers and children. These health interventions may also include a selection of new operational strategies for these interventions in which the potential for health impact is assessed to be significant, and there is the potential to include the activity or activities in the national and state programs.

An illustrative list of interventions include, (final decision will be based on existing needs and available funding):

- Neonatal health: ANC visits, birth preparedness, skilled birth attendance at homes and at the first referral unit, peri natal trans-referrals, PNC visits, thermal protection, routine immunizations, exclusive breast-feeding, IMNCI
- Child Health: Diarrhea management, ARI management, Growth promotion, vitamin A and IFA supplementation for children, IMNCI, de worming, supplementary feeding. (Malaria management, HIV/AIDS prevention and management optional at a later date, if relevant state data indicates the need of these interventions).
- Maternal/reproductive health
    - Pre pregnancy: IFA supplementation, family life education, delayed age at marriage, delayed first pregnancy, birth spacing, improved access and quality of care to reproductive health services; nutrition education
    - During Pregnancy: Maternal TT, maternal IFA supplementation, malaria management; nutrition education
    - Post pregnancy: PNC visits, birth registrations, nutrition education.

ii. **Technical and Operational Assistance**: NIHP's technical assistance at various levels, to government and other officials/ functionaries related to the NRHM implementation will support improving the quality of heath care service delivery of NRHM. Additionally, the offerer will supply selected technical assistance at the district and block levels to government officials related to the implementation of NRHM to prioritize all specific proposed activities. The proposed activities at all levels should ensure measurable health impact. It should also be able to reflect improved system performance through evidence-based refinement of the unresolved health problems affecting mothers and children. Through this activity, the offerer would stimulate better coordination between nodal Ministries of Health and Family Welfare and Women and Child Development. Technical assistance may also be directed at developing program materials. The offerer may also specify in the application components and procedures, training curricula, communication and monitoring tools which assist in defining the roles and responsibilities of ASHA. ASHA are positions that have been mandated through the NRHM and their roles are defined in terms of working relationships with other field-level functionaries including ANM, AWW, Helper, Primary teacher and PRI members. The activities under ASHA are designed to ensure better delivery of key maternal, newborn, child and reproductive health interventions. The offerer will suggest the proportion of funds to be divided between TA and demonstration and learning so as to be able to achieve the suggested results at scale.

iii. **Integrating gender and equity issues.** The four elements of mainstreaming equity are identified as focusing on health priorities of poor women and men; bringing health services closer to the community; targeting interventions in poorer areas and equity-sensitive monitoring. While there is a wide recognition of such an approach, public health programs do not know "how" to put it into practice. Mainstreaming equity will be an important "learning and demonstration" component of the proposed program. ***Activities for the project states will be informed by a comprehensive equity and gender analysis undertaken in all the project sites at the start of the activity.***

iv. **Knowledge Creation and Management**: The program will be focused so that it can quickly refine previous lessons and bring together global and best practices in India from previous and present programs supported by USAID and other groups. The offerer will be mandated to collect, analyze and manage a knowledge base to determine what works, and identify best or promising practices. This will include global and Indian best practices and lessons learnt in the areas of child survival, maternal health and neonatal health. The offerer could also engage in short-term applied operations and evaluation research through building capacities of local institutions. This will help set priorities and provide stakeholders with valuable information. NIHP will need to be staffed to develop and manage this internally.

v. **Scale up of effective NRHM programs implemented in key states:** The above demonstration and learning sites will focus on refining NRHM state-level policies, resource allocations and effective introduction of improved quality health services. The tools used to achieve these results include advocacy, technical assistance at state and national levels, facilitation of partnerships, and exchange of information through conferences, evaluation research, and analysis of existing data. These services will be cost effective and coverage will be extended through leveraging public private partnerships. The program will initially be centered in Uttar Pradesh and Jharkhand and then through working with NRHM resources assist in the expansion to all 18 focused states of NRHM. Sustainability and scale up linked activities of awardee will start in the first year and peak in year four, at which point a phase-out plan will begin to be implemented. Implementer could provide staff at the national level for the sole purpose of scaling up through the NRHM system of GOI, in close coordination with other national level programs and activities. By the end of year five, the GOI will be phased in to take over the major elements of NIHP. The idea is to use existing platforms of NRHM to scale up sustainable successful interventions rather than designing new initiatives. The focus will be on achieving measurable health impact while improving system performance through linkages with other partners.

In order to avoid duplication of activities which are funded by USAID through other projects, NIHP will not :

- Create parallel service delivery platforms from the Central and State government programs that already exist.
- Support ground demonstration and learning activities outside of Uttar Pradesh and Jharkhand.
- Focus only on improving system performance.
- Focus on improving food security of the vulnerable population.
- Focus on leveraging the legal environment to advocate for the "right to food" issues.
- Provide Supreme Court monitors with information to assess the effectiveness of implementation of ICDS.
- Monitor ICDS food logistics in their supply chain.
- Support loan guarantees from the development credit authority to scale-up the local food model through Self Help Groups with commercial bank support.
- Focus on terminal methods of contraception.
- Social franchising of clinical reproductive and child health services
- Expand access to reproductive and child health commodities in rural areas through social marketing mechanisms.
- Develop accreditation mechanisms for working partnerships models.
- Support T.B. prevention interventions.

3. STRATEGIC FRAMEWORK:

The implementer will develop the overall program implementation framework, describing how each activity fits, and indicating how it contributes to achieving a strategic result (a strategy for achieving results at scale) which is more than a scale up strategy. Indicators of this result will be clearly set forth, as well as the framework or strategy mentioned above. In order to achieve results at scale, the implementer will need to describe activities at all levels –household, community, block, district, state and national - within the framework that will lead to these results.

By specifying a framework with results, USAID will be able to evaluate the merits of individual activities and establish a relative set of priorities. In terms of the interventions of NIHP, those that are clearly specified in RCH II and NRHM would be a priority to USAID, though other similar evidence-based, cost-effective, replicable and scaleable interventions could also be considered. (examples include hand washing, growth promotion or zinc supplementation for diarrhea management.

Based on the NIHP interventions, the results framework for USAID Strategic Objective at the intermediate result level is proposed to be revised.

Given below is a list of suggested NIHP indicators and expected results under the revised SO 14 results framework in the new strategy out of which the final indicators for reporting will be established.

a) SO level indicator: Under-five mortality rate in targeted areas

Expected Result: Commensurate reduction in under-five mortality in Uttar Pradesh and Jharkhand and strive to meet under-five mortality Millennium Development Goal (MDG) of 2015)

MDG 5 goal is to reduce under-five mortality rate by two-thirds by 2015. Therefore, the under-five mortality MDG target for Uttar Pradesh for 2015 is 40 per 1000 live births. To achieve this goal, NIHP will attempt to reduce the under-five mortality by 60 per 1000 live births by the end of its project period (2011) from the 2001 level of around 120 per 1000 live births. However, on the basis of the NFHS-3, and in terms of achieving realistic goals, USAID intends to revise the targets in consultation with the NIHP implementer. The NFHS-3 estimates are likely to be available by the end of 2006. Similarly, the Jharkhand NIHP targets will be revised based on NFHS-3 estimates in consultation with the NIHP implementer. Furthermore, keeping in view the differential under-five mortality rates for male and female in Uttar Pradesh and Jharkhand, separate targets for under-five reduction for males and females will be developed.

b) Intermediate Result (IR): Improved provision of maternal, newborn and child health by Indian institutions.

Illustrative indicators

- Maternal tetanus toxoid injection coverage;
- Maternal iron folic acid supplementation and de-worming usage;
- Ante natal checkup visits;
- Percentage of deliveries conducted by skilled birth attendants;
- Post natal checkup visits;
- Complete child immunizations;
- Operationalisation of IMNCI;
- Children receiving vitamin A supplementation;
- Children exclusively breast-fed for six months, and receiving correct supplementary feeding after six months;
- Children receiving care for lower respiratory infection;
- Nutritional status of children aged six months to two years e.g. weight for age / height for age;
- Correct diarrhea prevention and treatment practices;
- Care and support for children with HIV/AIDS could be included in later years if data supports such interventions; and
- Malaria in children, adolescent girls and pregnant women (targeted capacity building interventions in Jharkhand may be considered).

c) Sub-IR # 1: Increased knowledge of community-based safe maternal, newborn and child health care practices.

Illustrative Indicators

- *Knowledge of women and men about key maternal, newborn and child health care practices promoted through NIHP.*

- *Knowledge of community, block and district level health providers about key maternal, newborn and child health care practices promoted through NIHP.*
- *Community, block and district level health providers with positive attitudes towards key maternal, newborn and child health care practices promoted through NIHP.*

c) Sub-IR # 2: Improved demand for safe maternal, newborn and child health care services.

Illustrative Indicators

- *Women and men intending to use key maternal, newborn and child health care practices promoted through NIHP.*
- *Women and men practicing key community-based maternal, newborn and child health care practices.*

d) Sub-IR # 3*:* Improved access to quality community-based maternal, newborn and child health care through enhanced inter-sectoral and intra-sectoral convergence.

Illustrative Indicators

- *Availability of quality maternal, newborn and child health care services.*
- *Equitable access to quality maternal, newborn and child health-care services and treatment, including per-natal Transreferrals.*
- *Upgrading care and treatment skills of providers for maternal, newborn and child health.*
- *Quality of key maternal, newborn and child-health care services.*
- *Joint intra-sectoral and inter-sectoral planning and implementation.*

(Note: Appropriate IR and sub-IR indicators will be tracked by sex**)**

NIHP's RELATIONSHIP WITH OTHER USAID PROGRAMS

The NIHP will support the scaling up of best practices/promising approaches, leveraging the successes of demonstration and learning projects across a number of districts in Uttar Pradesh and all of Jharkhand. The NIHP will complement other efforts that focus on health system strengthening and clinical care by USAID and others. NIHP will support four key sets of evidence-based and prioritized interventions:

• Community mobilization, demand creation and facilitation of an enabling environment;
• Household skills building in essential maternal, childhood and newborn care and care-seeking;
• Facilitating access to skilled attendance at birth at the community and First Referral Unit (FRU) levels and effective management of new born and childhood infections with antibiotics in the community; and
• Strengthening linkages between communities and the public and private health care systems.

There would be linkages between NIHP and other activities of the PHN team such as Innovative Family Planning Services project, Child Survival Heath Grants Programs and Urban Health Resource Center activities; with the Office of Social Development in USAID team on Title II phase over activities; with the Economic Growth team on state accounts analysis, private sector engagement and fiscal policy relative to health. Rural linkages with the water-energy activities would be explored through the water-energy nexus relative to social mobilization and *Panchyati Raj* institution engagement for health. NIHP is primarily a maternal health, child survival and nutrition activity. However, if evidence should indicate that there are some high HIV/AIDS prevalence districts in UP or Jharkhand in which case some HIV/AIDS prevention activities might make sense such as training for Anganwadi workers, other PHC workers or OVC

activities, such activities could be considered if there is agreement among the USG partners, esp. the USAID HIV/AIDS division and approved by Washington.

NIHP'S LEVERAGING OTHER PRIVATE AND PUBLIC COOPERATION:

During the development of NIHP design, USAID will coordinate closely with other donors e.g. The Bill and Melinda Gates Foundation's Sure Start (through PATH), DFID, UNICEF, WHO and others that are currently or may become engaged in targeted assistance for maternal health, child survival and reproductive health and nutrition activities in UP and Jharkhand. This coordination will continue during program implementation to avoid duplication and maximize synergy. Eventually, USAID intends to use this program to work with a portion of the GOI's $1.9 billion annual budget for the NRHM / RCH II programs. In addition, NIHP will support specific measures to increase and allocate public expenditures most effectively within the two targeted states. The NIHP supports the National Rural Health Mission's goal to increase public expenditures on health and decrease regional imbalances.

First, the offerer is expected to present a plan to integrate and leverage relevant activities in areas where they will work – this includes USAID-funded activities of IFPS and Title II (contingent on DAP III), A2Z, Immunization BASICS, Gates-funded Sure Start, UNICEF, and a variety of private sector activities. This is aside from a clear plan for working with the public sector – particularly NRHM, MOHFW and ICDS - at various levels.

Secondly, the consultative and partnership process needs to be set forth by the offerer. This should include multiple Technical Advisory Group meetings. The goals and process of working together with all relevant partners, needs to be set forth in a practical and convincing manner. One outcome of such a process should be priorities for demonstration and learning sites, to ensure learning and change between related sectors and partners and with the major stakeholders.

Thirdly the offerer needs to specify through it's staffing plan how technical and managerial capacity will be organized in several areas of work. An example would be technical leadership in main focus areas, evaluation research, and technical assistance at district, state, and national levels. Partnerships would be encouraged to be well conceptualized so as to produce significant increases in both quality and use of services, while also improving management, which will help bring quality services to the most vulnerable sections of society.

4. MONITORING & EVALUATION PLAN:

NIHP will use estimates of National Family Health Survey-3 (2005-6) as its baseline. It will also obtain inputs from the annual RCH II survey reports of Uttar Pradesh and Jharkhand. A midterm and final year population-based qualitative and quantitative surveys will be undertaken by USAID to generate estimates for the majority of the SO, IR and sub-IR level indicators. (These surveys may be done in collaboration with other relevant programs of USAID).

Evaluations: In addition to the midterm and final year population-based surveys, a midterm and end-of-the project assessment will be undertaken by USAID with a team of external consultants, identified both by USAID and its implementing partner. Funding for the evaluation will be outside this NIHP agreement. The mid-term assessment will particularly focus on reviewing the inputs, processes and outputs (sub-IR) of the project. It will also assess the strategic direction, leveraging and potential for achieving the end-of-project goals. Should assumptions made during the project design turn out to be incorrect, strategic shifts in project directions would be made after this assessment. The end-of-the project assessment will be designed to evaluate the population-level impacts of the project, success of sustainability and identify lessons learnt.

Results Framework and Indicators: Developing the Performance Management Plan for monitoring SO, IR and sub-IR indicators will be the prime responsibility of USAID with inputs from the implementer. The annual reports would need to include comments on budgets, pipelines, burn rates, timely inputs, outputs and quality of data. Some of these indicators can be measured through periodic population-based and facility-based surveys. The Mission and the offerer will coordinate data collection activities to ensure optimal efficiency, data quality and cost effectiveness.

5. GENDER STATEMENT:

386-06-007

Overview - In India, the mortality rate among children ages 1-5 is 50 `percent higher for girls than boys; there has been a sharp decline of almost 40 points (from the 1981 census to 2001) in the child sex ratio for girls. The Human Development Report of 2005 identifies India as a country that has not been able to convert its substantial globalization success into human development, given the slow down in the infant mortality rates and the higher female mortality rates than male mortality rates through the age 30, reversing the global trend. One of the main reasons for this is attributed to be the deep gender inequities pervasive in India. For a woman in India, the social distance is by far the greatest gulf than the physical distance to a health facility. She does not have the autonomy to take decision about the health and well-being of her family and her self. Gender interplays with caste, class, religion, age, geographical location economic and health status to further intensify a woman's vulnerability.

Under five mortality rates - While the neo-natal mortality and infant mortality rates are comparable for boys and girls, under five mortality rates is significantly higher for girls. This clearly establishes the neglect, low value, poor care and affection that little girls receive within their families. ***To be able to make any significant dent in the child mortality rates, promoting dignity of girls will be an intrinsic part of the proposed program.***

Violence Against Women (VAW) - Neglect is one manifestation of the violence that girls and women face through their lives. Addressing violence against women requires a multi-sectoral approach in which the health care system has a key role to play. VAW has severe health consequences including unwanted pregnancies, miscarriages, trauma, severe physical morbidity and sexually transmitted infections. Training and protocols are required to enable health care providers to proactively respond to women facing violence as the health service providers, in this case the ASHA, are perhaps the only functionaries that women see in the event of violence. Research has established higher incidences of infant mortality for women who suffer violence. Perhaps the trauma coupled with post-partum depression undermines a woman's confidence with and concern for the newborn. The NFHS 3 with a section on Domestic Violence will capture first time information on the extent, nature and support available for victims of violence. The analysis should provide a strong evidence for ***inclusion of violence against women as a key element of the proposed MHCS program and insights for developing specific interventions.***

Links with RH - Reproductive health of a woman is clearly linked to maternal health and child mortality. Often women do not have the choice to decide when and how many children to have. She is overburdened, has no access to information and no money to seek health care. ***Any intervention for child survival and maternal care has to be closely linked to and build on existing reproductive health programs.***

Working with men - It is important to understand the social relations, beliefs and practices that influence health seeking behavior of a family. Maternal health and child survival programs directed primarily at women, who are often seen as the sole beneficiaries, risk poor health outcomes by neglecting the needs, perspectives, and engagement of men. ***The proposed program will work with both women and men from different social and economic backgrounds.***

Strengthening ASHAs - ASHA, a woman selected from the community, is a critical element of the program - the person closest to the community and expected to be the focal point for health services. For ASHAs to emerge as a strong force, they will need a system that nurtures, recognizes, provides intellectual support and solidarity in their work. This system needs to be sensitive to the needs and perspective of women. ASHAs will report to PRIs, a political yet a very powerful institution. The program will work with organizations that work on capacity building of Panchyati leaders. ***Capacity building strategies for ASHA and the health systems that support her will be an important area of demonstration and learning for the project.***

Mainstreaming equity - The four elements of mainstreaming equity are identified as focusing on health priorities of poor women and men; bring health services closer to the community through SHGs; targeting interventions in poorer areas and equity-sensitive monitoring. While there is a wide recognition of such an approach, health practitioners do not know "how" to put it into practice. Mainstreaming equity will be an important "learning and demonstration" component of the proposed program. ***Activities for the project states will be informed by a comprehensive gender analysis undertaken in all the project sites***

Lessons learned - The program will build on the experiences of existing programs. The CARE INHP II program is one such example. CARE also undertook pilot projects on gender and sexuality in two districts. Given the similar

environment and the scale of proposed intervention, lessons and best practices should be included in the package of services. ***The program will develop and strengthen networks with civil society groups, women's organizations, Self Help Groups and other Community Based Organizations. (*****See Section F Annexure).**

SECTION D

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

(1) By signing and/or submitting this application or grant, the recipient is providing the certification set out below.

(2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

(3) For recipients other than individuals, Alternate I applies.

(4) For recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

(1) The recipient certifies that it will provide a drug-free workplace by:

(A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(B) Establishing a drug-free awareness program to inform employees about--

1. The dangers of drug abuse in the workplace;

2. The recipient's policy of maintaining a drug-free workplace;

3. Any available drug counseling, rehabilitation, and employee assistance programs; and

4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(C) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);

(D) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and

2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(E) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1, from an employee or otherwise receiving actual notice of such conviction;

(F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or

2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

_____

_____

_____

_____

Alternate II

The recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS [3]

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, the it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;

(D) Have not within a three-year period proceeding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

4. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the

extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

5. PROHIBITION ON ASSISTANCE TO DRUG TRAFFICKERS FOR COVERED COUNTRIES AND INDIVIDUALS (ADS 206)

USAID reserves the right to terminate this [Agreement/Contract], to demand a refund or take other appropriate measures if the [Grantee/ Contractor] is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certification are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to, or take or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

The recipient has reviewed and is familiar with the proposed grant format and the applicable regulations, and takes exception to the following (use a continuation page as necessary):

_____

_____

_____

_____

_____

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

_____

Signature _____ Date _____

[1] FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. [5] For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name Title Telephone No. Facsimile No.

_____

_____

_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

(1) Recipient's name.
(2) Recipient's address.
(3) Recipient's telephone number.
(4) Line of business.
(5) Chief executive officer/key manager.
(6) Date the organization was started.
(7) Number of people employed by the recipient.
(8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at http://www.dbisna.com/dbis/customer/custlist.htm. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shippedto the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/ DESCRIPTION (Generic)	QUANTITY	EST. UNIT COST	GOODS COMPONENTS	PROBABLE SOURCE	GOODS COMPONENTS	PROBABLE ORIGIN

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/ DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROBABLE SOURCE	PROBABLE ORIGIN	INTENDED USE

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/ DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROBABLE SUPPLIER (Non-US Only)	NATIONALITY	RATIONALE for NON-US

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of $5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share $500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROPOSED	DISPOSITION

6. PAST PERFORMANCE REFERENCES

On a continuation page, please provide a list of the ten most current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, and telephone number of the Contract/Agreement Officer or other contact person.

7. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as [ ] a corporation incorporated under the laws of the State of, [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a state or loc al governmental

organization, [ ] a private college or university, [ ] a public college or university, [ ] an international organization, or [ ] a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as [ ] a corporation organized under the laws of _____ (country), [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a nongovernmental educational institution, [ ] a governmental organization, [ ] an international organization, or [ ] a joint venture.

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non- color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

Attachment A

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," ineligible, "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

_____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

2. I am not and have not been an illicit trafficker in any such drug or controlled substance.

3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140,Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

CERTIFICATION REGARDING MATERIAL SUPPORT AND RESOURCES

As a condition of entering into the referenced agreement, _____ hereby certifies that it has not provided and will not provide material support or resources to any individual or entity that it knows, or has reason to know, is an individual or entity that advocates, plans, sponsors, engages in, or has engaged in terrorist activity, including but not limited to the individuals and entities listed in the Annex to Executive Order 13224 and other such individuals and entities that may be later designated by the United States under any of the following authorities: § 219 of the Immigration and Nationality Act, as amended (8 U.S.C. § 1189), the International Emergency Economic Powers Act (50 U.S.C. § 1701 et seq.), the National Emergencies Act (50 U.S.C. § 1601 et seq.), or § 212(a)(3)(B) of the Immigration and Nationality Act, as amended by the USA Patriot Act of 2001, Pub. L. 107-56 (October 26, 2001)(8 U.S.C. §1182). _____ further certifies that it will not provide material support or resources to any individual or entity that it knows, or has reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, or will immediately cease such support if an entity is so designated after the date of the referenced agreement.

For purposes of this certification, "material support and resources" includes currency or other financial securities, financial services, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

For purposes of this certification, "engage in terrorist activity" shall have the same meaning as in section 212(a)(3)(B)(iv) of the Immigration and Nationality Act, as amended (8 U.S.C. § 1182(a)(3)(B) (iv)).

For purposes of this certification, "entity" means a partnership, association, corporation, or other organization, group, or subgroup.

This certification is an express term and condition of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signature: _____

Name: _____

Date: _____

Address: _____

NOTICE:

If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

Survey on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 1/31/2006

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50

☐ 4-5 ☐ 51-100

☐ 6-12 ☐ over 100

3. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less than $150,000

☐ $150,000 - $299,999

☐ $300,000 - $499,999

☐ $500,000 - $999,999

☐ $1,000,000 - $4,999,999

☐ $5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the applicant a non-religious community based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

3. Annual budget means the amount of money our organization spends each year on all of its activities.

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725.

OMB No. 1890-0014 Exp. 1/31/2006

SECTION E – BRANDING STRATEGY - ASSISTANCE (December 2005)

(a) **Definitions**
Branding Strategy means a strategy that is submitted at the specific request of a USAID Agreement Officer by an Apparently Successful Applicant after evaluation of an application for USAID funding, describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and is provided without royalty, license, or other fee to recipients of USAID-funded grants or cooperative agreements or other assistance awards or subawards.

(b) **Submission.** The Apparently Successful Applicant, upon request of the Agreement Officer, will submit and negotiate a Branding Strategy. The Branding Strategy will be included in and made a part of the resulting grant or cooperative agreement. The
Branding Strategy will be negotiated within the time that the Agreement Officer specifies. Failure to submit and negotiate a Branding Strategy will make the applicant ineligible for award of a grant or cooperative agreement. The Apparently Successful Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events and materials, and the like.

(c) **Submission Requirements**
At a minimum, the Apparently Successful Applicant's Branding Strategy will address the following:
(1) Positioning
What is the intended name of this program, project, or activity?

Guidelines: USAID prefers to have the USAID Identity included as part of the program or project name, such as a "title sponsor," if possible and appropriate. It is acceptable to "co-brand" the title with USAID's and the Apparently Successful Applicant's identities. For example: "The USAID and [Apparently Successful Applicant] Health Center." If it would be inappropriate or is not possible to "brand" the project this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the program or project. *For example: School #123, rehabilitated by USAID and [Apparently Successful Applicant]/ [other donors].*

Note: the Agency prefers "made possible by (or with) the generous support of the American People" next to the USAID Identity in acknowledging our contribution, instead of the phrase "funded by." USAID prefers local language translations.

Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.

Note: USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.

(2) Program Communications and Publicity
Who are the primary and secondary audiences for this project or program?

Guidelines: Please include direct beneficiaries and any special target segments or influencers. *For Example: Primary audience: schoolgirls age 8-12, Secondary audience: teachers and parents–specifically mothers. What communications or program materials will be used to explain or market the program to beneficiaries?*

Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.
What is the main program message(s)?
Guidelines: *For example: "Be tested for HIV-AIDS" or "Have your child inoculated."* Please indicate if you also plan to incorporate USAID's primary message – this aid is "from the American people" – into the narrative of program materials. This is optional; however, marking with the USAID Identity is required.

Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?

Guidelines: These may include media releases, press conferences, public events, and so forth. Note: incorporating the message, "USAID from the American People", and the USAID Identity is required.

Please provide any additional ideas about how to increase awareness that the American people support this project or program.

Guidelines: One of our goals is to ensure that both beneficiaries and host-country citizens know that the aid the Agency is providing is "from the American people." Please provide any initial ideas on how to further this goal.

(3) Acknowledgements
Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?

Note: it is perfectly acceptable and often encouraged for USAID to "co-brand" programs with government ministries.

Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.

Guidelines: Please indicate if they are also a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

(d) **Award Criteria**. The Agreement Officer will review the Branding Strategy for adequacy, ensuring that it contains the required information on naming and positioning the USAID-funded program, project, or activity, and promoting and communicating it to cooperating country beneficiaries and citizens. The Agreement Officer also will evaluate this information to ensure that it is consistent with the stated objectives of the award; with the Apparently Successful Applicant's cost data submissions; with the Apparently Successful Applicant's project, activity, or program performance plan; and with the regulatory requirements set out in 22 CFR 226.91. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

See also http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf

[END OF PROVISION]

SECTION F - Annexures

ANNEX I

USAID-SUPPORTED CHILD SURVIVAL AND MATERNAL HEALTH ACTIVITIES IN INDIA

- **CARE/India through the Integrated Nutrition and Health Program (INHP).**

The project is implemented through the GOI's Integrated Child Development Services (ICDS) scheme. The ICDS program has been subsumed under the National Rural Health Mission. The USAID supported Integrated Nutrition and Health Program (INHP) reaches mothers and children in approximately 100,000 villages of nine states of India, with a population of 100 million. The network encompasses over 150,000 GOI service providers, local NGO workers and an equal number of voluntary change agents who assist in program delivery. During the first phase of the 10 year project (1997-2006), the project used integrated Title-II food resources to improve the health and nutrition status of women and children. The technical intervention package included targeted supplementary feeding, antenatal care, infant feeding and childhood immunization during this phase. During the second phase of the project, beginning in FY 2002, birth planning (as part of antenatal care), community newborn care and Vitamin A administration were added to strengthen the child survival components. In addition, through a project called Chayan (2002 to 2006), USAID-supported reproductive health and HIV/AIDS activities were added in selected program areas (in 29 districts of four states out of the total 78 program districts in nine states). The INHP and Chayan formed part of CARE/India's umbrella program RACHNA from October 2001/March 2002(Reproductive and Child Health, Nutrition and HIV/AIDS).

RACHNA focuses on strengthening the ICDS and health systems at all levels especially supervisory systems at the sector level, district-level planning for improved convergence, coverage and service delivery. INHP has applied a "demonstration" and "replication" approach at scale across all intervention areas, i.e., developed and demonstrated effective operational models to improve children's survival and maternal and child health, tested them and then systematically replicated them at scale (~ 40,000 Anganwadi Centers which are the end point for ICDS activities in villages. There is one AWC per village or population of 1000) through capacity building and partnerships with government, community-based organizations and other stakeholders. This approach of demonstration and replication has demonstrated encouraging results and the GOI (Department of Health & Family Welfare and Department of Women and Child Development) has urged the state governments in the nine program states to adopt some of the models in the rest of the districts and blocks.

KEY ACTIVITIES

1. Innovation and demonstration in select areas to find effective solutions to the operational problems in achieving behavior changes in partnership with local NGOs and government counterparts. Strengthening the government systems especially at district and levels below to take the proven processes to scale through capacity building
2. Improving access to quality reproductive health services and supplies through social marketing and private sector partnerships
3. Targeted interventions among high risk behavior groups to prevent the transmission of STI and HIV in 22 cities with female commercial sex worker, truckers and migrants
4. Behavior change communication and life skills development among school and out-of-school youth to prevent transmission of STI and HIV in 22 cities
5. Facilitating an enabling environment by understanding and addressing selected underlying causes of poor health for e.g., gender inequity

KEY ACHIEVEMENTS:

1. 10% of AWCs were developed as demonstration sites to serve as learning sites for government counterparts. As of June 04, approximately 40% villages hold monthly nutrition and health days and 22% villages have trained volunteer change agents.
2. Preliminary analysis from the recently concluded (Aug 2004) annual rapid assessments in Chhattisgarh and Orissa indicates significant improvements in behaviors and services provided by ICDS and RCH program. For e.g.,

Timely initiation of complementary feeding has gone up 17 percentage points. In both states the contacts by AWWs and ANMs were significantly increased at critical points in the life cycle.
3. Targeted interventions for HIV prevention fully functional in 22 cities in sites identified in consultation with State AIDS Control Societies
4. A total of 35, 706 retail outlets have been identified in 10% of the AWCs of Chayan States and products placed. An intensive mass media campaign rolled out to kick-start awareness building activities around family planning and HIV prevention.

- **Pragati Child Survival Project of World Vision India**

DESCRIPTION:
This project was awarded under the Expanded Impact Category of the Child Survival Health Grant Projects (CSHGP) and its objective is to in the three districts of UP Moradabad, Ballia and Lalitpur. Pragati builds on the successes of the earlier Ballia Rural Integrated Child Survival (BRICS) Project and will use the methods tested through BRICS, to scale up its interventions. Target beneficiaries are pregnant women; children aged 0 – 3 years and their mothers.

The interventions and their proportionate levels of effort are: Immunization (40%), Family Planning (30%), Maternal and Infant Nutrition (20%) and Vitamin A supplementation (10%). The key partners of the Project in the state and the districts are: The ICDS III Project, Govt health services and local NGOs. The project works through strengthening the technical and implementation capacity of the Anganwadi Workers (AWW) of the ICDS project, and through creating an enabling environment for the AWW by supportive supervision, involvement of community groups and by improved links between the ICDS and health systems at the village, block and district levels.

In addition, the project will also conduct operations research in Ballia district on the following topics: 1. Expanding Contraceptive choices by introducing Safe Day Method and Lactation Amenorrhea Method 2. Evidence based advocacy for immunization coverage 3. Sentinel measurements of mortality and fertility, in three selected blocks of the project. The site of the earlier BRICS project would function as an adaptation and co learning center for scale up of CS interventions.

KEY ACTIVITIES:
1. Design, field test and implement a package of training and supervision material, including registers for AWW.
2. Training of ICDS Supervisors, AWWs and govt. Lady Health Visitors (LHVs) in technical and supervisory aspects of the project's interventions
3. Facilitate and ensure early registration of pregnant women in the AWW register, and subsequent utilization of immunization and FP services.
4. Timed and targeted counseling for families on key behaviors related to project's intervention.
5. Facilitating regular and effective meetings between the ICDS and health systems at village, block and district levels.
6. Forming/strengthening community groups that will assist the AWW in her tasks like identifying pregnant women.

KEY ACHIEVEMENTS:
In the one year that Pragati has been in operation, the following tasks have been completed:
1. Training/Supervision manual and AWW registers have been designed, tested and implemented
2. About 120 LHVs /Mukhya Sevikas who are the ICDS supervisors and 450 AWWs have been trained using a three-level training plan, covering all project interventions.
3. Project orientation meetings and monthly reviews held at the district level.

- **Community-Led Initiatives for Child Survival (CLICS) of Aga Khan Foundation, India**

DESCRIPTION:
The Community-Led Initiatives in Child Survival Program (CLICS) is a five-year $2 million project co-funded by the United States Agency for International Development (USAID) and Aga Khan Foundation U.S.A. (AKF USA) under the 2003 Child Survival Health Grants Program (CSHGP). The goal of the project is to improve the well being of children

under three years and women in the reproductive age group (15-44 years) in a beneficiary population of 88,128 residing in 67 villages across Wardha District, Maharashtra State, India.

CLICS seeks to facilitate 'community-ownership' of a package of health services by refining and applying a 'social franchise model' that is demand-driven, inherently sustainable and suitable to expansion. As construed by CLICS, a social franchise model is one where a contractual obligation between two parties is entered into for the purpose of producing a 'social product' of a particular kind and quality. The model, as such, is an efficient means for the 'Franchiser', in this case Department of Community Medicine/Mahatma Gandhi Institute of Medical Sciences to interact with and build the capacity of potential 'Franchisees' (village communities) to produce an integrated package of affordable and high quality child survival and health services. Interventions under CLICS will remain focused on maternal health, child health and RTI/STI.

KEY ACTIVITIES:

The implementation strategy is characterised by four key stages as follows:

1. Mobilising communities to form Village Co-ordination Committees (VCC) which function as nodal agencies responsible for decentralised health care delivery at the village level;
2. Developing with each VCC a 'Social Franchise Agreement', a document that outlines a clear set of health priorities and the means to address them;
3. Implementing the Social Franchise Agreement through the VCC; and
4. Achieving 'community ownership' i.e., a stage where the VCC is able to independently manage key health activities and sustain health gains without intensive inputs from MGIMS.

KEY ACHIEVEMENTS:

As the project recently commenced 10 months ago in October 2003, achievements to date are primarily related to the start-up phase, specifically:

- Completion of household and baseline surveys;
- Development of the Detailed Implementation Plan;
- Initiation of: a) Training needs assessment and training of trainers; b) Community mobilisation and appraisal exercises; c) Health facility needs assessment d) Formative research; and e) Orientation of community-based organisations and local health providers

- **Jeevan Daan Child Survival Program**

DESCRIPTION:

The *Jeevan Daan* a four year Child Survival project funded by USAID/ Global Health / Health Infectious Diseases and Nutrition (HIDN), started in September 2000, in Ahmedabad with the aim of sustainable reducing the morbidity and mortality among slum children as well as strengthen the local partner's (Sanchetana a city based NGO and Ahmedabad Municipal Corporation) capacity to implement and evaluate CS programs. The main objectives are immunization of children and women, control of diarrheal disease, pneumonia case management and nutrition and breastfeeding. The total population covered in the project area is 183,130.

In the last four years the program has made measurable progress towards indicators despite two disasters, earthquake and communal violence that it faced. Based on program success, it has been now extended to 2009 with new partner, Saath. The additional components of maternal and new born care extend coverage to a general population of 300 000.

KEY ACTIVITIES:

1. Community mobilization and formation of community health team (CHT, volunteer mothers) to improve access to information and care and sustain the community-based health initiatives taken by the project.
2. Behaviour Change Communication, using the BEHAVE framework and edutainment approach to improve care taker's and care giver's behaviours at home and at the health facility.
3. Training and organizational development of partners, and provision of training for public and private providers in WHO protocols for improvement in the quality of care
4. Piloting Positive Deviance/ Hearth nutrition rehabilitation and promotion model in ten communities to address malnutrition and share the lessons with community and using the lessons for the scale up in the cost extension

KEY ACHIEVEMENTS:

1. The immunization rates for children aged 12-23 months have risen from 29% to 55% and for toxoid tetanus for women from 72% to 83%.
2. **ORT use has increased from 18% to 52% with correct preparation rising from 16% to 48%.**
3. Pneumonia prevalence has been reduced from 22% to 11%. Quick treatment on the same day has increased from 24% to 34%.
4. The percentage of mothers who breastfed within one hour of delivery increased from 19% to 25%. Under-five children who were exclusively breastfed in the past 24 hours increased from 41% to 52%.
5. More than 350 volunteers organized into 30 Community Health Teams (CHT) in the program area and critical links between the health facilities and the community established.
6. Urban specific BCC materials produced, used and Ahmedabad Municipal Corporation adopts it for all the 43 wards of Ahmedabad city.
7. Strong partnership and cost share on the part of the AMC, extends further for the cost extension.

- **IFPS II: Phase Two of the Innovations in Family Planning Services Project**

The USAID supported Innovations in Family Planning Services (IFPS) project, a ten year $325 million effort, was initiated in 1992 to improve quality, access, demand and use of family planning and other reproductive health services in Uttar Pradesh (UP), the most populous state of India (estimated population: 170 million in 2004). After achieving significant results, this project is being extended until 2008 and expanded to two more states, Uttaranchal and Jharkhand, bringing total population covered to over 200 million. In the last ten years, the project has increased choice, access and use of family planning and reproductive health services. The project has engaged private sector in reproductive health service delivery through social marketing and a number of community based distribution systems. During the extension phase, 2004-2008, the project will focus on public-private partnerships to expand access to and quality of integrated reproductive and child health (RCH) services.

Purpose –To develop, demonstrate, document and leverage expansion of appropriate working models of public-private partnerships that improve the delivery of integrated reproductive and child health services in Uttar Pradesh, Uttranchal and Jharkhand.

Intended results

- Increase public and private capacity to engage in robust partnerships for improving reproductive and child health services;
- Increase quality of integrated reproductive and child health services provided through public-private partnerships.
- Increase modern contraceptive prevalence; and
- Increase iron/folic acid supplementation during pregnancy.

Field activities (an incomplete list)

- Social franchising of clinical reproductive and child health services, including robust behavior change communication efforts;
- Expanding access to reproductive and child health commodities in rural areas through market mechanisms;
- Strengthening community-based programs through innovative NGO activities;
- Developing quality assurance, accreditation and continuing training mechanisms for working partnership models;
- Operations research to refine program implementation and document effects; and
- Provide support for the implementation of National Rural Health Mission in focal states.

Focal geographic areas

- Field level activities are implemented in Uttar Pradesh, Uttaranchal and Jharkhand;
- Technical assistance supports state programs and national-level systems strengthening activities.

Operational mechanisms

- IFPS II is implemented through a combination of: a) bilateral activities funded through the government; and b) the IFPS II Technical Assistance Project (ITAP), a contract with the Futures Group.
- Bilateral activities fund costs of field implementation in the states.

- ITAP supports design and documentation of the working models, (mentioned in the field activities), in the states and selected components of the newly-designed National Health Systems Resource Center in Delhi;
- Bilateral field activities are implemented by State Innovations in Family Services Project Agency (SIFPSA) in UP, the Uttranchal Health and Family Welfare Society (UAHFW) Society in Uttranchal, and the Jharkhand Health Society (JHS) in Jharkhand.

Funding level and timeframe
- The planned funding level is currently $50 million over the four-year period October 1, 2004 to September 30, 2008.

- **Program for Advancement of Commercial Technologies/Child and Reproductive Health (PACT/RCRH)**

PACT/CRH is a twelve-year $29.8 million program implemented by the ICICI Bank, one of the largest financial institutions in India. PACT/CRH endeavors to increase use of reproductive and child health (RCH), and HIV/AIDS related products & services through the private sector. Availability of ORS increased from 23% in 2001 to 63% in 2003 in the targeted states; use of ORS among children with diarrhea has increased from 26% to over 50% in 2003;

- **POLIO Eradication:**

The UNICEF project is responding to the upsurge in polio cases in 2002 together with a recognition that a significant number of cases of vaccine preventable diseases (VPDs) continue to occur in India. The purpose of the project is to provide support for strategic communication and routine immunization strengthening as part of India's efforts to interrupt transmission of wild polio virus by December 2004/early 2005 and to accelerate family demand for immunization generally. Behavior change strategies are being applied to generate demand for immunization and mitigate vaccine-avoidance behavior. Social mobilization is also being instituted to unleash a broad-based, community-driven movement to support immunization, while simultaneously galvanizing the public and private sectors.

The WHO National Polio Surveillance Project (NPSP) consist of over 240 Indian national medical officers distributed across India with the purpose of conducting high quality surveillance for acute flaccid paralysis (AFP) and providing technical advise and leadership for conducting supplementary immunization activities (SIAs). Surveillance and monitoring data provided by the NPSP surveillance network assist the Government of India target resources and take corrective actions to improve surveillance and immunization activities.

And the CORE Group (The Child Survival Collaborations and Resource Group - a membership association of 35 U.S. PVOs) to accelerate ongoing polio eradication activities in priority countries. The project includes a funded secretariat and CORE member PVOs with their local partner NGOs, working together in a coordinated, collaborative fashion. CORE was given the task of social mobilization and combating resistance to the program. In India, currently, the CORE consortium members are Adventist Development Relief Agency, Project Concern International, World Vision and Catholic Relief Services.

ANNEX II

OTHER DONORS ASSISTANCE IN
CHILD SURVIVAL AND MATERNAL HEALTH

- **UNICEF:**

UNICEF has been working in India since 1949. The largest U.N. organization in the country, it is currently implementing a $400 million program over the period of 2003-2007. UNICEF is committed to working with the GOI to ensure that each child born in the country gets the best start in life, thrives and develops to their full potential. UNICEF implements new and innovative interventions that address children's needs. What makes UNICEF unique in India is its network of ten state offices in Rajasthan, Uttar Pradesh, Bihar, West Bengal, Orissa, Rajasthan, Gujarat, Madhya Pradesh, Maharashtra and Andhra Pradesh. These offices enable UNICEF to focus attention on the poorest and most disadvantaged communities. UNICEF uses community-level knowledge to develop innovative interventions to ensure that women and children are able to access such basic services as clean water, health visitors and educational facilities. UNICEF reaches out to families to help them understand what they must do to ensure their children thrive. UNICEF strives to have each family develop a sense of ownership for these services. The importance of partnership with other U.N. agencies is an important feature of UNICEF's operations in India. UNICEF also works with an array of celebrities who give their time to ensure that every child realizes his or her full potential.

- **European Commission: (EC)**

Support to Health and Family Welfare Sector Development

The EC Supported Health and Family Welfare Sector Investment Program (SIP) has been implemented since October 1998 with the aim of reforming the health care system in all of India. SIP focuses on primary health care services, working with first referral institutions and by involving the community. The SIP is an integral part of the Government of India's National Family Welfare Program. Stressing a change management approach, the program operates at all levels of the system – central, state and district – with emphasis on decentralization, community involvement in decision making and capacity development of the health services providers. SIP is a six year program with a total EC contribution of $297 million (approx. Rs. 1150 crores)

A number of nationally important interventions that include improving the logistics and distribution of drugs, social marketing of family planning devices and strengthening of financial and accounting services are being undertaken across the country. Apart from budgetary support to the central, state and district levels, the program also provides technical assistance and resources for developing partnerships between India and European institutions and with civil society for implementing various reform initiatives. The scope of reform is immense. The EC support marks the beginning of much-needed qualitative improvements in the sector. With a focus on institutional development and attitudinal change, the SIP Program is currently providing assistance to more than 50 districts in 24 states along with several urban centers to enhance the quality of health care services for disadvantaged populations including tribal. The decentralized management structure set up in the program such as the sector reform cells at the state level, integrated health and family welfare agencies at district level and autonomous management bodies at the facility level, is helping to improve the operations of primary health centers and referral hospitals. A large number of health functionaries and rural people, including women, are being trained as part of awareness building. So far, over 30 first referral hospitals have been refurbished to provide services on a regular basis. The program is also supporting the improvement of existing government policies and procedures at the national and state levels to facilitate the delivery of quality health care in the rural and semi-urban areas. Several policy reviews have been undertaken, focusing on human resource management and rational use of infrastructure. With a view to involving the community and private sector, the program is associated with over 40 NGOs and institutions as well as a number of Panchyati Raj institutions (local self governments at the village, block and district levels) which are supporting activities at different levels. A part of the assistance to the family welfare sector, $ 48m, is utilized to support the post-earthquake redevelopment of health service facilities in Gujarat. Nearly 100 temporary health facilities have already been

established in the earthquake-affected area. The program is in its fifth year of implementation and it continues to generate inspiration and interest in realizing the qualitative change that the sector aims to achieve.

- **DFID:**

The overall purpose of DFID's 5-year program is to support the achievement of the targets in the GOI's 10th Plan, and thereby to contribute to achieving the Millennium Development Goals globally. There will be four cross-cutting themes: equity, accountability, sustainability and partnerships, in its four current focus states – Andhra Pradesh, Madhya Pradesh, Orissa and West Bengal. As many poor people live in other states, with over a third in Uttar Pradesh and Bihar alone, DFID will develop a stronger and more strategic National Program to respond to this need. It will develop strategic partnerships with other development agencies and civil society. The National Program's civil society work will be another point of engagement with the poorest states like Uttar Pradesh and Bihar.

Objective 1 : More integrated approaches to tackling poverty in focus states

state program follows an `integrated approach,' meaning that they engage in core, cross-sectoral issues (such as planning, poverty-monitoring and budgeting) to help states tackle the full range of poverty Key themes are likely to be improving poor people's livelihoods on a sustainable basis, economic and public sector reform and the access of poor people o key services. A range of development co-operation assistance instruments will continue to be deployed, as a state's circumstances require. Given continued government commitment and progress on pro-poor reforms, DFID will continue to provide budgetary support to these focus states, and possibly others, within a framework agreed with the Indian Government. DFID funds large projects of financial and technical assistance, focusing on transforming important government systems to meet the needs of poor people, e.g. will be supporting local governments, and the effective participation of women and scheduled castes and tribes.

Objective 2: Improving the enabling environment for sustainable and equitable economic growth

As noted above, the benefits of economic growth have been uneven, with growing disparities and persistent chronic poverty. So, while economic growth is reducing income-poverty, inequality threatens the achievement of other development goal targets.

An enabling environment for achieving high and sustainable rates of economic growth requires sound economic management and appropriate policies in key areas such as private sector development and infrastructure, trade and investment. Environmental issues need attention to improve the quality of growth; many poor people depend on agriculture and water resources.

Objective 3: Improving the access of poor people to better quality services

Good essential services are critical to reducing poverty and achieving the 10th Plan targets on education and literacy, health, access to water and sanitation. Specifically, DFID will seek to:

- Promote both the supply of services and demand, equity, sustainability and accountability in their provision.
- Support government's development of new models of service-delivery that involve the private sector and NGOs and harness new technologies.
- Give more attention to lesson-learning across the states and between the states and the Union Government.
- Support civil society's advocacy work.

DFID will pay close attention to its financial accountability requirements. They are committed to providing financial assistance through government budgets, and using government systems. The National Program's support for centrally sponsored schemes will take due account of fiduciary risks. DFID will work with other development partners and governments to improve public resource management as required. It will also engage with other development partners to ensure that assistance for Centrally Sponsored Schemes adds to government funding, rather that substituting for it. In the New Delhi Declaration of January 2002, the UK Government stated its intention to increase its assistance to India to £300 million ($ 3600 million) a year.

- **Sure Start:**

Gate's supported initiative to support community action on newborn and maternal health in India. Sure Start is a new initiative intended to significantly reduce maternal and newborn morbidity and mortality in selected districts of Uttar Pradesh and urban areas of Maharashtra. Led by PATH with financial support from the Bill and Melinda Gates Foundation, Sure Start has been designed to complement and support Government of India commitment to improving maternal and newborn health, with special attention to the National Rural Health Mission, the second phase of the Reproductive and Child Health Program (RCH 2) and state level policies and programs.

Sure Start promotes *integrated attention to both maternal and newborn health*, within a broader continuum of health services and programs. Sure Start supports the *scaling up of promising approaches*, leveraging the successes of pilot projects across entire districts or urban areas. Sure Start complements other efforts that focus on health system strengthening and clinical care by supporting four key sets of interventions:

- Community mobilization, demand creation and facilitation of an enabling environment;
- Household skills building in essential maternal and newborn care and care-seeking;
- Facilitating access to skilled attendance at birth and essential commodities such as safe delivery kits and essential antibiotics to manage severe infections; and,
- Strengthening of linkages between communities and the public and private health care systems.

PATH will be soon issuing a "Request for Applications for Partnership" to leading NGOs and other institutions in Uttar Pradesh and in Maharashtra.

ANNEX III - PAST PERFORMANCE REPORT - SHORT FORM

PART I: Contract Information (to be completed by Offeror)

1. Name of Contracting Entity:

2. Contract/Grant Number:

3. Award Type:

4. Award Value (TEC): (if subcontract, subcontract value)

5. Description of Project/Work/Services:

6. Problem: (if problems encountered on this contract, explain corrective action taken)

7. Contacts: (Name, Telephone Number and E-mail address)

7a. Contracting/Agreement Officer:
Phone Number:
Email Address:

7b. Technical Officer (CTO):
Phone Number:
Email Address:

7c. Other:

8. Full Legal Name of Offeror:

9. Information Provided in Response to RFP/RFA No.: